APSEA LOCAL (NSTU)

EXPENSE FORM

Date:		Name:		
Address:		Phone Number:		
E-mail Address:		Social Insurance Nu	Social Insurance Number:	
•	for payments such as family/pet care, child cash gifts – as per CRA guidelines for taxab			
_	eceipts are required for reimbursement. I King Street, Bridgewater, NS, B4V 1B1	Please mail form and receipts c/o APSE	A Local Treasurer, Laura	
Date Description of Expense			Amount	
TOTAL RECEI	PTS SUBMITTED:	TOTAL EXPENSE CLAIM:		
are reimbursed	uidelines, when on approved NSTU busines d as follows: Breakfast \$11.00, Lunch \$13.0 \$8.00 per overnight stay.			
Signature:		Date:		

REVISED:01/08/15