Employee Assistance Program for Teachers

EXPENSE CLAIM

Claimant: _____ Date of Claim: _____

Address: _____ Postal Code: _____

Date	Description	Air/Bus Ferry	Pavement 12.0¢/km	Taxis	Other
Totals:					

OFFICE USE ONLY

EAP #: _____

Invoice No.: _____

Authorized by: _____

Date: _____

Grand Total: _____

Billed to EAP _____

Airfare _____

Other _____

NET CLAIM _____

Claimant Signature _____

Please Return To:

Judy Beranger (jmberanger@nlta.nl.ca)
or Ross Flood (rflood@nlta.nl.ca)
Employee Assistance Program for Teachers
3 Kenmount Road, St. John's, Newfoundland A1B 1W1