



Employee Assistance Program for Teachers Expense Claim

Please complete and return for our records following the initial session.

Claimant: _____
 Address: _____
 Postal Code: _____
 Date of Claim: _____

Date	Description	Ferry	Pavement ¢12.0/km
TOTALS:			

For Office Use Only

EAP No:	
EAP Invoice No:	
Authorized by:	
Date:	

NET CLAIM:	
Claimant Signature:	

Authorized by:	
Date:	
Acct Code:	720028-01

PLEASE RETURN TO:
Gail Carroll, ext. 242 (gmcarroll@nlta.nl.ca) or
Kenda Riggs, ext 265 (kriggs@nlta.nl.ca)
 Employee Assistance Program for Teachers
 3 Kenmount Road, St. John's, NL A1B 1W1