

Claimant:

## **Employee Assistance Program for Teachers Expense Claim**

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

		Address: Postal Code:				
	Ī	Date of Claim:				
	_					
Date		Description		Ferry		Pavement ¢12.0/km
		тот	ALS:			
For Office Use Only	TOTALS:    NET CLAIM:   Claimant Signature:   PLEASE RETURN TO:   Kenda Riggs, ext. 265 (kriggs@nita.ca) or   Lori Hewitt, ext. 242 ( hewitt@nita.ca)   Employee Assistance Program for Teachers					
EAP No:				NET CLAIM:		
EAP Invoice No:				Claimant Signature:		
Authorized by:				-		
Date:						
				PLEASE RETURN TO		
Authorized by:					5 (kriggs	@nlta.ca) or
				Lori Hewitt, ext. 242	(lhewitt	@nlta.ca)
	Acct Code: 720028-01					