

DUNELAND TEACHERS ASSOCIATION EXPENSE CLAIM FORM

Today's Date _____ Date when expense incurred _____

Nature of Expense _____

Please itemize expenses: **MAKE PHOTO COPIES and ATTACH ORIGINAL RECEIPTS!**
(For your records)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Mileage: Miles Driven _____ @ _____
(USE CURRENT IRS RATE)
As of 1/1/08: \$0.505
Total \$ _____

Make Check Payable to: (please print) _____

Send Check to: (School, Home or Business Address) _____

Submitted by: _____ Signature _____
Please Print

Make photo copies and Send Originals to:

Rob Yong
Treasurer
Chesterton Middle School
or
6595 Monument Ave
Portage IN 46368

OFFICE USE ONLY

Check Number _____

Date _____

Amount _____

Account # _____