

# Evergreen Catholic Local No. 44 Expense Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**Expenses:** Mileage - \_\_\_\_\_ km X \$0.55 = \_\_\_\_\_

Parking - \_\_\_\_\_

Other - \_\_\_\_\_

**TOTAL =** \_\_\_\_\_

Meeting or function attended: \_\_\_\_\_

Date of meeting or function: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_