



LOCAL EDB PEER SUPPORT GROUP EXPENSE CLAIM

NAME _____

Activity _____ Date(s) _____

Mailing Address _____

Home email address _____

School/DU last taught at _____

EXPENSES

Transportation (please include original receipts)

From _____ to _____ \$ _____

Other (Specify) _____ \$ _____

TOTAL CLAIM \$ _____

Return the completed form including receipts to the Local office
by mail: 401-11010 142 St NW, Edmonton AB T5N 2R1;
or email: info@edpub.org.

Please note that claims will be reimbursed by cheque. Cheques are run the first week of each month, September through May, and the first and last week of June. The Local office is closed July and August.

The personal information collected on this form will be used and disclosed solely for the purpose of processing this expense claim and is collected under the authority of the School Act and the Alberta Freedom of Information and Protect of Privacy Act for the purpose(s) above. If you have any questions about this form please call 780-455-2164.