

MEMBER INFORMATION

NAME	CHAPTER
MAILING ADDRESS (ADDRESS/CITY/PROVINCE/POSTAL CODE)	
PHONE NUMBER	EMAIL

OFFICE USE ONLY

DATE RECEIVED
PEA FINANCIAL OFFICER VERIFICATION
EXECUTIVE DIRECTOR AUTHORIZATION

CLAIMED EXPENSES

PURPOSE	LOCATION	DATE OF PURPOSE	MEALS:			MILEAGE		TRANSPORTATION		INCIDENTAL ALLOWANCE \$15	MISCELLANEOUS (parking, materials, postage etc.)		TOTAL
			B	L	D	KMs	TOTAL	MODE	TOTAL		ITEM	TOTAL	
TOTALS FROM PREVIOUS													
NOTES: (please note travel departure and return dates & times)											GRAND TOTAL		
SIGNATURE											DATE		

Important Note: The purpose of each expense claimed must be indicated. Please use additional forms as necessary and total all expenses on the final page.

Claims and receipts should be sent electronically to jbond@pea.org. Your email is considered an electronic signature for this purpose. Receipts are required except for per diems, mileage and incidental allowance. State "Expense Claim" in the email subject line. PEA reimburses expenses via Direct Deposit only. Please ensure that you include a Direct Deposit form (available at pea.org/resources/forms-you-need/) with your claim if PEA doesn't already have the information on file.