



ANNUAL TRANSPORTATION OF PERSONAL EFFECTS REIMBURSEMENT CLAIM FORM

Name: _____ School: _____
PLEASE PRINT

FSD ADDENDUM - ARTICLE 1.13 - ANNUAL TRANSPORTATION OF PERSONAL EFFECTS REIMBURSEMENT

Please check the applicable section.

Actual cost of transportation of personal effects beyond the amount covered by fares shall be covered as follows:

i) Where air freight is required:

Brochet	<input type="checkbox"/>	\$1,487
Stevenson Island, God's Lake Narrows	<input type="checkbox"/>	\$1,553

ii) Where rail freight is required:

\$647

To receive reimbursement, teachers are required to submit receipts **verifying actual dates and costs** to their Area Superintendent.

School Year _____

NOTES:

TOTAL COST \$ _____

Please note receipts must be attached.

EMPLOYEE SIGNATURE:		DATE:	
SUPERINTENDENT SIGNATURE:		DATE:	
SECRETARY-TREASURER SIGNATURE:		DATE:	

FOR AREA OFFICE USE ONLY

Previous Balance claimed	
Current Balance	
Total Amount Remaining	