Employee Assistance Program for Teachers

Expense Claim

Please complete and return for our records following the initial session.

Claimant:

Address:

Postal Code:

Date of Claim:

Date	Description	Ferry	Pavement ¢12.0/km
	TOTALS:		

For Office Use Only

EAP No:	
Invoice No:	
Authorized by:	
Date:	

NET CLAIM:	
Claimant Signature:	

Authorized by:	
Date:	
Acct Code:	720028-01

PLEASE RETURN TO:

Judy Beranger, ext 265 (jmberanger@nlta.nl.ca) or
Gail Carroll, ext. 242 (gmcarroll@nlta.nl.ca)
Employee Assistance Program for Teachers
3 Kenmount Road, St. John's, NL A1B 1W1