



# 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
	<b>TOTALS:</b>		

**For Office Use Only**

EAP No:	
Invoice No:	
Authorized by:	
Date:	

Authorized by:	
Date:	
Acct Code:	720028-01

NET CLAIM:	
Claimant Signature:	

**PLEASE RETURN TO:**

**Judy Beranger**, ext 265 (jamberanger@nlta.nl.ca) or  
**Lisa Cheeseman**, ext. 242 (lcheeseman@nlta.nl.ca)  
 Employee Assistance Program for Teachers  
 3 Kenmount Road, St. John's, NL A1B 1W1

**PLEASE NOTE: EAP Coordinator Gail Carroll is on leave until further notice.**