



Bridging the Gap

401-63 Albert St.
Winnipeg, Mb R3B 1G4
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BridgingtheGap.Wpg@gmail.com
www.BTGWinnipeg.ca

Bus Reimbursement Form

Date:

School:

Mailing address:

Postal Code:

Phone:

Fax:

E-mail:

Invoice:

Date of field-trip	Name of transportation company	Classroom grade(s)	Teacher(s)	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total:

Pay to the order of:

Please return a scanned copy of this completed form along with a copy of the invoice provided to you by the transport company by email to bridgingthegap.wpg@gmail.com.

Thank you!