EXPENSE CLAIM LOCATION/SCHOOL:

Boston Bar	
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EMPLOYEE REQUEST FOR REIMBURSEMENT

EMPLOYEE NAME: POSITION:						
PERIOD FROM:	TO:	D:				
	I					
DATE	ITEM/DESCRIPTION	l	GST	TOTAL		
	VEHICLE EXPENSE (Attach KM Log)	KM @ .53	0.00			
	• EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc.					
	Activity:					
		Accomodation: Fares/Tolls:				
		Registration Fees:				
		Other Expenses:				
		•				
	** Receipts for expenses MUST BE attached.	TOTALS:	\$0.00	\$0.00		
	Receipts for expenses most be attached.	TOTALS.	۷٥.٥٥	Ş0.00		
		Total Expenses:				
I certify that the	e above expenses were paid by me in the	TOTAL CLAIM:				
course of work	for School District No. 78 (Fraser-Cascade)					
during the perio	od indicated.	Account Code:		Amount:		
Employee Signature:						
		1				
Supervisor Appr	oval:					

DATE	FR OM	то		COMMENTS		KMS		
					TOTAL:	0.00		
Travel Allowance (KM) - Return mileage from Boston Bar								
Abbotsford - 308	Agassiz - 202		e - 132	Burnaby/Coquitla	am - 422			
Chilliwack - 238	Harrison - 21		mond - 452	Silver Creek - 140)			
Spuzzum - 52	Vancouver -	452						

NOTE: Mileage will be paid at current approved rates according to Board Policy No. 6000.

Travel is to be calculated from and to the employee's normally assigned location.

Please attach all receipts for transportation (other than kilometers), accomodation, meals and other expenses.

Please indicate if you carpooled and list the names of the passengers.

(2017/05) 78FM5