EXPENSE CLAIM

LOCATION/SCHOOL: Hope - ______________________

School District 78 Fraser-Cascade

EMPLOYEE REQUEST FOR REIMBURSEMENT

EMPLOYEE NAME:		**POSITION:**
PERIOD FROM:	**TO:**	**DATE SUBMITTED:**

DATE	ITEM/DESCRIPTION		GST	TOTAL
	• **VEHICLE EXPENSE** (Attach KM Log)	KM @ .53	0.00	
	• **EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc.**			
	Activity:			
		Meals:		
		Accomodation:		
		Fares/Tolls:		
		Registration Fees:		
		Other Expenses:		
	** Receipts for expenses MUST BE attached.	**TOTALS:**	$0.00	$0.00

Total Expenses:	
TOTAL CLAIM:	

I certify that the above expenses were paid by me in the course of work for School District No. 78 (Fraser-Cascade) during the period indicated.

Account Code:	Amount:

Employee Signature: ______________________

Supervisor Approval: ______________________

Payment Approved

(2016/01) 78FM5

DATE	FR OM	TO	COMMENTS	KMS
			TOTAL:	0.00

Travel Allowance (KM) - Return mileage from Hope

Abbotsford - 176	Agassiz - 70	Boston Bar - 132	Burnaby/Coquitlam - 290
Chilliwack - 106	Harrison - 86	Richmond - 320	Silver Creek - 8
Spuzzum - 80	Vancouver - 320		

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.

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