## EXPENSE CLAIM LOCATION/SCHOOL:



## APPENDIX A

## **EMPLOYEE REQUEST FOR REIMBURSEME**

EMPLOYEE NAME: POSITION:					
PERIOD FROM	TO: DATE SUBMIT		ΓED:		
	I				
DATE	ITEM/DESCRIPTIOI		GST	TOTAL	
	VEHICLE EXPENSE (Attach KM Log)	KM @ .59			
	• EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc.				
	Activity:				
		Meals:			
		Accomodation:			
		Fares/Tolls:			
		: T			
		Other Expenses:			
	** Receipts for expenses MUST BE attached.	TOTALS:			
		Total Expenses:			
I certify that the above expenses were paid by me in the TOTAL CLAIM:					
	( for School District No. 78 (Fraser-Cascade)				
during the per	during the period indicated.  Account Code:			Amount:	
Employee Sign	ature:				
Supervisor Approval:					
			Payment	Approved	

DATE	FROM	то	COMM	IENTS	KMS		
				TOTAL:			
Travel Allowance (KM) - Return mileage from Hope							
Abbotsford - 176 Agassiz - 70		Boston	Bar - 132 Burr	naby/Coquitlam - 290			
Chilliwack - 106 Harrison - 8		6 Richmo	ond - 320 Silve	r Creek - 8			
Spuzzum - 60 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.