

LOCATION/SCHOOL:

Hope - District



EMPLOYEE REQUEST FOR REIMBURSEMENT

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

DATE	ITEM/DESCRIPTION	GST	TOTAL
	• VEHICLE EXPENSE (Attach KM Log) KM @ .59		
	• EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc.		
	Activity:		
	Meals:		
	Accommodation:		
	Fares/Tolls:		
	Registration Fees:		
	Other Expenses:		
	** Receipts for expenses MUST BE attached.		
	TOTALS:		

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.

Employee Signature:

Supervisor Approval:

Total Expenses:

TOTAL CLAIM:

Account Code:	Amount:

Payment Approved

