



TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	Roberto Bomba			JOB TITLE	Commissioner			MONTH	September								
EMPLOYEE NO.								YEAR	2014								
GENERAL EXPENSES								PROFESSIONAL IMPROVEMENT									
DATE (Day/Mo/Yr) (DD/MM/YY)	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	302 TRAVEL Standing Committee		302 MEALS		302 OTHER	302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS		302 OTHER	
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	DAYS	AMOUNT	#	COST	COST	
15-09-14	home	LBPSB	Council meeting	66	31,88												
16-09-14	home	SWLSB	Council meeting	30	14,40												
Amount paid				46,28													
INITIALS				[Signature]													
ENTERED				OCT 1 2014													
GRAND TOTAL			\$	46,08	98	\$	48,08	\$	-	\$	-	\$	-	\$	-	\$	-

BUDGET CODES		
TRAVEL	\$ 46,08	203- 1- 51110 - 302
MEALS	\$ -	203- 1- 51110 - 302
OTHER	\$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1- 55500 - 302
PIC - CONFERENCES	\$ -	203- 1- 55500 - 812
PIC - LODGING	\$ -	203- 1- 55500 - 302
PIC - MEALS	\$ -	203- 1- 55500 - 302
PIC - OTHER	\$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	\$ 48,08	

IMPORTANT

1 - Attach original receipts to this form
 2 - The form must be signed by claimant and duly approved
 3 - Kilometres are calculated at \$0.48/km for first 5 000 km and \$0.45 for each additional kilometer as of March 1st, 2008.

Do not write in this area

*Note: If advance has been received and total is negative, this amount is to be reimbursed to the School Board.