

AN ENGLISH
EDUCATION,
A BILINGUAL
FUTURE



UNE
EDUCATION
EN ANGLAIS,
UN Avenir
BILINGUE

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

NAME	Angele Martorana		JOB TITLE	Commissioner		MONTH	MAY						
EMPLOYEE NO.	[REDACTED]		YEAR	2015									
DATE (YY-MM-DD) 2011-01-01	LOCATION		GENERAL EXPENSES			PROFESSIONAL IMPROVEMENT							
	FROM	TO	DESCRIPTION NATURE OF BUSINESS	302 TRAVEL Standing Commissions	302 MEALS	302 OTHER	302 TRAVEL/PIC	812 CONFERENCES	302 LODGING	302 MEALS	302 OTHER		
21-05-15	MTL.	QUE.	CONFERENCE	KM	AMOUNT	# COST	KM	AMOUNT	COST	DAYS	AMOUNT	# COST	COST
				-	-	-	-	-	-	2	241.82	-	-
											Amount paid <u>241.82</u>		
											JUL - 2 2015		
											Initials <u>[Signature]</u>		
											RECEIVED JUN 2 2015		
GRAND TOTAL			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

BUDGET CODES	
TRAVEL	\$ -
MEALS	\$ -
OTHER	\$ -
	XXX
	XXX
PIC - TRAVEL	\$ -
PIC - CONFERENCES	\$ -
PIC - LODGING	\$ -
PIC - MEALS	\$ -
PIC - OTHER	\$ -
*ADVANCE	
TOTAL	\$ -

NOTES:

- Mileage are calculated at 20 cents
- Attach ORIGINAL receipts to this form.
- The form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay.
- Please complete this form electronically. This form available on the Portal.

Immediate Supervisor