

AN ENGLISH EDUCATION, A BILINGUAL FUTURE



COMMISSION SCOLAIRE SIR WILFRID LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

UNE ÉDUCATION EN ANGLAIS, UN AVENIR BILINGUE

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

NAME: Paolo Galati SCHOOL: PERIOD: 03-01 to 05-05
EMPL #: PHONE #: JOB TITLE: Chair YEAR: 2020

DATE (mm/dd/yyyy)	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL CENTRAL Principal & Management Advisory Meetings		REGULAR TRAVEL @ \$0.48/KM		CAR POOLING TRAVEL @ \$0.53/KM		MEALS COST	LODGING # DAYS COST	OTHER COST			
	FROM	TO		KM	AMOUNT	KM	AMOUNT	KM	COST						
03-09-20	Home	Hillcrest	Read for Fun		✓ 28	\$ 13.34		\$ -							
03-11-20	Home	Board	PQI-240 Committee		✓ 34	\$ 16.32		\$ -							
03-12-20	Home	Board	PC Meeting		✓ 34	\$ 16.32		\$ -							
04-27-20	Home	Board	Sign Documents		✓ 34	\$ 16.32		\$ -							
05-05-20	Home	JES	Safety Measures with DG		✓ 66	\$ 31.78		\$ -							
05-05-20	JES	Rawdon Elementary	Safety Measures with DG		✓ 27	\$ 12.96		\$ -							
05-05-20	Rawdon Elementary	Home	Safety Measures with DG		✓ 61	\$ 29.18		\$ -							
GRAND TOTAL:				\$	136.22	\$	-	284	\$ 136.22	\$	-	\$	-	\$	-

BUDGET CODES			
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$ -	200-1-21120-	308
TRAVEL (SCH GL)	\$ 136.22	203-1-51110	302
LODGING/MEALS	\$ -		302
CAR POOLING TRAVEL (SCH GL)	\$ -		302
OTHER			302
OTHER			592
OTHER			
OTHER			
TOTAL	\$ 136.22		

- *** IMPORTANT ***
- Kilometers are calculated at \$0.48/km.
- Car pooling kilometers are calculated at \$0.53/km.
- You must provide names of passengers in the description's line.
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and approved by your immediate supervisor.
- This expense claim form is not to be used for the purchasing of equipment and supplies for your school or department. The normal purchasing procedures must be followed.
- 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. Principals, please send to Manon Monetta.
- Please complete this form electronically. This form is available on the Portal.

REQUESTED BY: [Signature]

NAME (Please print): Paolo Galati

APPROVED BY: [Signature]

PLEASE SIGN HERE

NAME (Please print):

(Immediate Superior)

GRACE ASSOCIATE (SEE ATTACHED APPROVAL)