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BILINGUE

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

NAME	Vicky Kalliotzakis		JOB TITLE	Commissioner		MONTH	2019-11-10 to 2020-03-19										
EMPLOYEE NO.						YEAR	2019										
			GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT									
DATE (Yr-Mth-Day) 2011-01-01	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		
2019-11-10	Home	Laval City Hall	Remembrance Day	4	3.00	✓											
2019-11-10	Home	Molson	SWLSB Alouette	43	20.45	✓	17.28										
2019-11-10	Home	Grestview	Governing Board	4	3.00	✓											
2019-11-28	Home	Head Office	Steering Committee	37	17.88	✓											
2019-12-16	Home	Head Office	PQI Meeting	37	17.88	✓	OK										
2019-12-20	Home	LJA	Community Breakfast	6	3.05	✓	OK										
2019-12-20	Home	RHS	Community Breakfast	37	17.91	✓											
2020-01-23	Home		Laurier Gala	4	3.00	✓											
2020-01-24	Home	LJA	Souvenir Comedy Show	6	3.05	✓											
2020-01-31	Home	LSA	LSA Pasta Night	4	3.00	✓											
2020-02-20	Home	LSA	Wurd Up	4	3.00	✓											
2020-02-25	Home	Head Office	Mediation	37	17.88	✓											
2020-03-19	Home	Head Office	Selection Committee	37	17.88	✓											
GRAND TOTAL				\$	86.65	130.96	262	\$	-	\$	-	\$	-	\$	-	\$	

BUDGET CODES

TRAVEL	\$ 86.65	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	\$ 86.65	

IMPORTANT
Kilometers are calculated at \$0.48/km.
Attach ORIGINAL receipts to this form.
This 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 is
available on the Portal.

REQUESTED BY:

NAME OF CLAIMANT (Please Print)	
APPROVED BY:	
NAME (Please Print)	
Immediate Supervisor	