

AN ENGLISH EDUCATION, A BILINGUAL FUTURE



Amount paid 136.27

EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

Initials [Handwritten]

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

NAME: Donna Anber SCHOOL: Commissioner PERIOD: 2021-2022
EMPL.#: [Redacted] PHONE #: [Redacted] JOB TITLE: Commissioner YEAR: 2021-2022

Table with columns: DATE (Mth/Dy/Yr), LOCATION (FROM/TO), 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). Includes entries for golf tournament, flag bearing ceremony, and graduation ceremony.

ENTERED NOV 03 2021

GRAND TOTAL: \$ 136.27 \$ - 266 \$ 127.78 \$ - \$ 8.49 \$ - \$ -

BUDGET CODES table with columns: CODE, AMOUNT, PROJECT CODE. Includes rows for TRAVEL CENTRAL (PRINCIPALS ONLY), TRAVEL (SCH G/L), LODGING/MEALS, CAR POOLING TRAVEL (SCH G/L), and OTHER.

***** IMPORTANT *****
1 Kilometers are calculated at \$0.48/km.
2 Car pooling kilometers are calculated at \$0.53/km.
3 You must provide names of passengers in the descriptions line.
4 Attach ORIGINAL receipts to this form.
5 This form must be signed by claimant and approved by your immediate supervisor.
6 This expense claim form is not to be used for the purchasing of equipment and supplies for your school or department.
7 Expense claims must be submitted by 4:30 pm to Finance on the Tuesday of the week preceding a pay in order for it to be processed for the following pay.
8 Please complete this form electronically.

REQUESTED BY: [Redacted]
Please sign here [Redacted]

(Immediate Superior)