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UN AVENIR
BILINGUE

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

NAME		BOBBY PELLERIN		JOB TITLE	Commissioner		MONTH	March / April				
EMPLOYEE NO.		[REDACTED]		GENERAL EXPENSES			YEAR	2022				
DATE	LOCATION		DESCRIPTION	TRAVEL	MEALS	OTHER	TRAVEL PIC	CONFERENCES	LODGING	MEALS	OTHER	
(Mth-Day) 2014-01-01	FROM	TO	NATURE OF BUSINESS	302 Travel Commission	302 Meals	302 Other	302 Travel PIC	812 Conferences	302 Lodging	302 Meals	302 Other	
				KM	AMOUNT	#	AMOUNT	COST	DAYS	AMOUNT	#	COST
2022-03-26	Home	Rosemere	Caucus meeting	148	71.04							
2022-04-03	Home	Rosemere	Caucus meeting	148	71.04							
GRAND TOTAL				\$	142.08	296	\$ 142.08	\$ -	\$ -	\$ -	\$ -	\$ -

BUDGET CODES		
TRAVEL	\$ 142.08	203- 1-51110 -302
MEALS	\$ -	203- 1-51110 -302
OTHER	\$ -	203- 1-51110 -302
	XXX	
	XXX	
PIC - TRAVEL	\$ -	203- 1-55500 -302
PIC-CONFERENCE	\$ -	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	\$ 142.08	

IMPORTANT:

- Kilometers are calculated at \$0.49/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)