



EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

NAME: <i>James Di Santo</i>		SCHOOL: <i>Ward 7</i>		PERIOD: <i>Oct-Dec</i>	
EMPL#: _____		JOB TITLE: <i>Commissioner</i>		YEAR: <i>2021</i>	

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		Amount paid		OTHER COST
	FROM	TO		KM	AMOUNT	KM	AMOUNT	KM	COST		COST	# DAYS	LODGING COST	
09-03-2021	Home	Palace Reception	LSA Graduation			14	\$ 6.72		\$ -					
10-19-2021	Home	LSA	Autumn Meeting			20	\$ 9.60		\$ -					
10-17-2021	Home	Arundel Nature Center	SWL Foundation Visit/Tour			200	\$ 96.00		\$ -	2	41.44			
11-11-2021	Home	St-Paul	Remembrance Day Ceremony			9	\$ 4.51		\$ -					
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GRAND TOTAL:			\$ 158.27	\$ -	243	\$ 116.83	\$ -	\$ 41.44	\$ -					

ENTERED FEB 23 2021

BUDGET CODES				PROJECT CODE
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$	200-1-21120-	308	
TRAVEL (SCH GL)	\$ 116.83	203-1-51110	302	
LODGING/MEALS	\$ 41.44	203-1-51110	302	
CAR POOLING TRAVEL (SCH GL)	\$ -		302	
OTHER			302	
OTHER			592	
OTHER				
OTHER				

- ***** 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 descriptions 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 Mason Monette.
 - Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:	
NAME	
APPROVED BY:	