



SWLSB

Submitted
 Paid

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name:	Bobby Pellerin	School:		Claim Number:	CN - 1
Empl. #:		Phone number:	514-444-6601	Job Title:	Commissioner
				Year:	2022

DATE (Mth/Day/Yr)	LOCATION (Use School Number and SWLSB for Board Office. See KMChart for more info.)		DESCRIPTION NATURE OF BUSINESS	Round Trip	KM	TYPE OF MILEAGE	RATE	COST	MEALS (Includes Taxes and Tips)			LODGING		OTHER		
	FROM	TO							TYPE	#	COST	# DAYS	COST	DESCRIPTION	COST	
06/09/22	HOME	LAVAL	Fundraiser SWL Foundation	<input checked="" type="checkbox"/>	164	Regular	0.55	\$ 90.20								
				<input checked="" type="checkbox"/>				\$ -								
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GRAND TOTAL:			\$	90.20		164		\$ 90.20								

BUDGET CODES		PROJECT CODE	<p>***** IMPORTANT *****</p> <ol style="list-style-type: none"> Kilometers are calculated at \$0.55/km for the first 5,000km. Carpooling kilometers are calculated at \$0.65/km. You must provide names of passengers in the description line. Attach ORIGINAL receipts to this form. This form must be signed by claimant and approved by 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 4:00PM to the Finance department on the Tuesday of the week preceding a pay in order for it to be processed for the following pay. Principals, please send to Florence Delorme. Please complete this form electronically.
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$ -		
TRAVEL (SCH GL)	\$ 90.20		
LODGING/MEALS	\$ -		
CAR POOLING TRAVEL (SCH GL)	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
TOTAL:	\$ 90.20		

REQUESTED BY:

Bobby Pellerin Please sign here

NAME (Please print): **Bobby Pellerin**

APPROVED BY

[Signature] Please sign here

NAME (Please print): **Paulin Gagné**

(Immediate Supervisor)