☐ Submitted
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SWLSB

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.) FROM	TO	DESCRIPTION/ NATURE OF BUSINESS	Round Trip	KM	TYPE OF MILEAGE	RATE	COST	MEALS (Includes Taxes and Tips) TYPE	#	COST	LODGING # DAYS	COST	OTHER DESCRIPTION	COST
05/26/22	HOME	LAVAL	Laurier Gala	☑	164 ✓	Regular	0.55	$ 90.20	Supper	2	35.76	✓			
				☐				$ -							
06/22/22	HOME	RAWDON	Meeting C. Skeete	☑	64 ✓	Regular	0.55	$ 35.20							
06/22/22	HOME	FHES	Grade 6 GRAD	☑	82 ✓	Regular	0.55	$ 45.10							
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		GRAND TOTAL:	$ 206.26		310			$ 170.50			$ 35.76		$ -		$ -

BUDGET CODES

			PROJECT CODE
TRAVEL CENTRAL (PRINCIPALS ONLY)	$ -	214-1-21120-308	
TRAVEL (SCH G/L)	$ 170.50	203-1-5110-302	
LODGING/MEALS	$ 35.76	203-1-5110-302.	
CAR POOLING TRAVEL (SCH G/L)	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
TOTAL:	$ 206.26		

******* IMPORTANT *******

1. Kilometers are calculated at $0.55/km for the first 5,000km.
2. Carpooling kilometers are calculated at $0.65/km. You *must* provide names of passengers in the description line
3. Attach *ORIGINAL* receipts to this form.
4. This form must be signed by claimant and approved by immediate supervisor.
5. 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.
6. 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.
7. Please complete this form electronically.

REQUESTED BY:

Please sign here [signature]

NAME (Please print): Bobby Pellerin

APPROVED BY:

Please sign here [signature]

NAME (Please print): Paolo Galati

(Immediate Supervisor)

Revised by AG - May 2022