



SWLSB

Submitted
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EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name: Melissa Wall School: _____ Claim Number: CN - 1
 Empl. #: _____ Phone number: _____ Job Title: Commissioner Year: 2022

DATE (MM/DD/YY)	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	
05/26/22	Home	Chateaux Royal	Starfest	<input checked="" type="checkbox"/>	14.3	Reg	.55	\$ 7.87								
06/07/22	Home	LTM	GB + BBQ	<input checked="" type="checkbox"/>	4.5	Reg	.55	\$ 2.48								
06/09/22	Home	Chateaux Royal	Lobsterfest	<input checked="" type="checkbox"/>	4.3	Reg	.55	\$ 7.87								
06/12/22	Home	Headoffice	Elections	<input checked="" type="checkbox"/>	2.4	Reg	.55	\$ 1.22								
06/22/22	Home	St Jude	Graduation	<input checked="" type="checkbox"/>	2.9	Reg	.55	\$ 1.60								
05/22/22	Team building	Supplies		<input type="checkbox"/>				\$ -						Team Building	\$ 87.96	
06/01/22	Team building	Supplies		<input type="checkbox"/>				\$ -						"	\$ 16.91	
06/01/22	Team building	Supplies		<input type="checkbox"/>				\$ -						"	\$ 29.88	
06/01/22	Team building	Supplies		<input type="checkbox"/>				\$ -						"	\$ 12.69	
06/01/22	Team building	Supplies		<input type="checkbox"/>				\$ -						"	\$ 26.43	
06/01/22	"			<input type="checkbox"/>				\$ -						"	\$ 16.09	
				<input type="checkbox"/>				\$ -						"	\$ 20.68	
GRAND TOTAL:		\$						\$								

BUDGET CODES			***** IMPORTANT *****				REQUESTED BY:		
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$	-	PROJECT CODE	1. Kilometers are calculated at \$0.55/km for the first 5,000km. 2. Carpooling kilometers are calculated at \$0.65/km. You <u>must</u> provide names of passengers in the description line 3. Attach <u>ORIGINAL</u> receipts to this form. 4. This form must be signed by claimant and approved by immediate supervisor. 5. This expense claim form is <u>not to be used</u> 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.				 NAME (Please print): _____	
TRAVEL (SCH GL)	\$	-						APPROVED BY	
LODGING/MEALS	\$	-						 NAME (Please print): _____ (Immediate Supervisor)	
CAR POOLING TRAVEL (SCH GL)	\$	-							
	\$	-							
	\$	-							
TOTAL:	\$	-							