REVISED BY AG - FEB. 2018

SWLSB

☐ Submitted
☐ Paid

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name:	Tara Hellen Anderson		School:	203	Claim Number:	CN - 4	
Empl. #:	13941	Phone number: 4505047709	Job Title:	Elementary Parent 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
05/18/2022	HOME	153	Grenville World vision	☑	128.2	Regular	0.48	$ 61.52	✓						
05/26/2022	HOME	CHÂTEAU ROYAL	Laurier Gala	☑	76.8	Regular	0.48	$ 36.86	✓						
				☐				$ -							
06/09/2022	HOME	CHATEAU ROYAL	Lobster Fest	☑	76.8	Regular	0.55	$ 42.24	✓						
06/21/2022	HOME	172	SAA Grade 6 Graduation	☑	110.2	Regular	0.55	$ 60.61	✓						
06/22/2022	HOME	179	Franklin Hill Graduation	☑	132.4	Regular	0.55	$ 72.82	✓						
06/23/2022	HOME	188	CDC Vimon & Lachute Grad	☑	75	Regular	0.55	$ 41.25	✓						
06/29/2022	HOME	MERIDIANA	Council - Director team building	☐	39	Regular	0.55	$ 21.45	✓						
06/29/2022	MERIDIANA	188	CDC Pont Viau Grad	☐	4.2	Regular	0.55	$ 2.31	✓						
06/29/2022	188	HOME	CDC Pont Viau Grad	☐	37.5	Regular	0.55	$ 20.63	✓						
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐			#N/A	$ -							
				☐		✓	#N/A	$ -							
		GRAND TOTAL:	$ 359,71		#N/A	680.1 km		$ 359,71			$ -		$ -		$ -

BUDGET CODES

TRAVEL CENTRAL (PRINCIPALS ONLY)	$ -	214-1-21120-308
TRAVEL (SCH G/L)	$ 359,71	203-1-51110-302
LODGING/MEALS	$ -	203-1-51110-302
CAR POOLING TRAVEL (SCH G/L)	$ -	203-1-51110-302
	$ -	
	$ -	
	$ -	
	$ -	
TOTAL:	$ 359,71	

PROJECT CODE

***** IMPORTANT *****

1. Kilometers are calculated at $0.48/km for the first 5,000km.
2. Carpooling kilometers are calculated at $0.53/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:

Tara Hellen Anderson (signature)

NAME (Please print): Tara Hellen Anderson

APPROVED BY

Please sign here

(Immediate Supervisor)