

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name:	Adam Gordon	School:	NA	Claim Number:	CN - 1
Empl. #:		Phone number:		Job Title:	
				Year:	2022-2023

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
08/23/22		BOARD		<input checked="" type="checkbox"/>	45	Regular	0.55	\$ 24.53							
09/30/22		GES		<input checked="" type="checkbox"/>	67	Regular	0.55	\$ 36.74							10.00
09/07/22		LAURENTIA		<input checked="" type="checkbox"/>	84	Regular	0.55	\$ 46.20							
10/15/22		LRHS		<input checked="" type="checkbox"/>	102	Regular	0.55	\$ 56.10							
10/17/22		LJA		<input checked="" type="checkbox"/>	50	Regular	0.55	\$ 27.50							
11/03/22		LAURENTIA		<input checked="" type="checkbox"/>	84	Regular	0.55	\$ 46.20							
10/18/22		BOARD		<input checked="" type="checkbox"/>	45	Regular	0.55	\$ 24.53							
11/01/22		BOARD		<input checked="" type="checkbox"/>	45	Regular	0.55	\$ 24.53							
10/03/22		BOARD		<input checked="" type="checkbox"/>	45	Regular	0.55	\$ 24.53							
10/27/22		Ch Royal		<input checked="" type="checkbox"/>	50	Regular	0.55	\$ 27.61							
				<input type="checkbox"/>				\$ -							
				<input type="checkbox"/>				\$ -							
				<input type="checkbox"/>				\$ -							
				<input type="checkbox"/>				\$ -							
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				<input type="checkbox"/>				\$ -							
				<input type="checkbox"/>				\$ -							
				<input type="checkbox"/>				\$ -							
GRAND TOTAL:					\$ 348.47		615	\$ 338.47		\$ -		\$ -		\$ 10.00	

BUDGET CODES		
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$ -	214-1-21120-308
TRAVEL (SCH G/L)	\$ 338.47	
LODGING/MEALS	\$ -	
CAR POOL NG TRAVEL (SCH G/L)	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
TOTAL:	\$ 338.47	

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

- 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.

REQUESTED BY:

NAME (Please print): **Adam Gordon**

APPROVED BY

(Immediate Supervisor)