Amount paid 36.48

Revised 08/03/01

ENTERED JUN 0 3 2022

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE ÉDUCATION EN ANGLAIS, UN AVENIR BILINGUE

JUN 2 3 2022

Initials [redacted]

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	BOBBY PELLERIN	JOB TITLE	Commissioner	MONTH	May
EMPLOYEE NO.	[redacted]			YEAR	2022

DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES					PROFESSIONAL IMPROVEMENT						
				302 TRAVEL Standing Committees		302 MEALS		302 OTHER	302 TRAVEL PIC		912 CONFERENCES	302 LODGING		302 MEALS		302 OTHER
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	#DAYS	AMOUNT	#	COST	COST
2022-05-05	[redacted]			12	5.76											
2022-05-18				64	30.72											
GRAND TOTAL			$ 36.48	76	$ 36.48	X	$ -	$ -		$ -	$ -	X	$ -	X	$ -	$ -

REÇU - RECEIVED
FINANCE
JUN - 1 2022
C.S. SIR WILFRID LAURIER
SIR WILFRID LAURIER S.S.

BUDGET CODES

TRAVEL	$ 36.48	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 36.48	

IMPORTANT

- Kilometers are calculated at $0.48/km.
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the followingpay.
- Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

[redacted]

NAME OF CLAIMANT (Please Print) BOBBY PELLERIN

APPROVED BY [redacted]

NAME (P