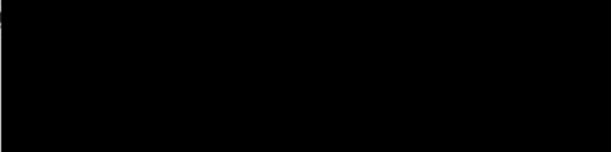


TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - *FOR COMMISSIONERS ONLY**[illegible]

BUDGET CODES			IMPORTANT		REQUESTED BY:	
TRAVEL	\$ 36.48	203- 1- 51110 - 302	Kilometers are calculated at \$0.49/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 following pay. Please complete this form electronically. This form is available on the Portal.			
MEALS	\$ -	203- 1- 51110 - 302				
OTHER	\$ -	203- 1- 51110 - 302				
	xxx					
	xxx					
PIC - TRAVEL	\$ -	203- 1- 55500 - 302		NAME OF CLAIMANT (Please Print)		
PIC-CONFERENCES	\$ -	203- 1- 55500 - 812		APPROVED BY		
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		NAME (P			