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

NAME BOBBY PELLERIN		JOB TITLE Commissioner		MONTH March / April		YEAR 2022					
EMPLOYEE NO. [REDACTED]		GENERAL EXPENSES				PROFESSIONAL IMPROVEMENT					
DATE (YY-MM-DD) 2011-01-01	LOCATION	DESCRIPTION/ NATURE OF BUSINESS	TRAVEL 302 Standing Committee		MEALS 302	OTHER 302	TRAVEL PIC 302	CONFERENCES 812	LODGING 302	MEALS 302	OTHER 302
			KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	COST
2022-03-26	[REDACTED]	[REDACTED]	148	71.04							
2022-04-03	[REDACTED]	[REDACTED]	148	71.04							
GRAND TOTAL			\$	142.08	296	\$ 142.08	\$ -	\$ -	\$ -	\$ -	\$ -

BUDGET CODES			REQUESTED BY: NAME OF CLAIMANT (Please Print) APPROVED BY: NAME (Please Print)
TRAVEL	\$ 142.08	203-1-51110-302	
MEALS	\$ -	203-1-51110-302	
OTHER	\$ -	203-1-51110-302	
	XXX		
	XXX		
PIC - TRAVEL	\$ -	203-1-55500-302	
PIC-CONFERENCES	\$ -	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	\$ 142.08		

• Kilometers are calculated at \$0.49/km.
 • Attach ORIGINAL receipts to this form.
 • This form must be signed by claimant and duly approved.
 • Expenses 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.