	8	SWI	LSB														Submitted Daid
				EXPENSES	REIM	BURSEMEN'	T POL	ICY FORI	M - AL	L EMPLOY	EES			1			
Name: Bobby Pellerin						School:								Claim Number: CN - 1			
Empl. #:						Job Title: Commissioner							Year:	a si	2022		
OATE (Nttv/Day/Yr)	LOCATION				4 1.56					April 18			NEW TRE				
	(Use School Number and SWLSB for Board Office. See KMChart for more info.)		DESCRIPTION NATURE OF BUSINESS	Round Trip	P KM	TYPE OF MILE	AGE				MEALS (Includes Taxes and		nd Tipu)	_	LODGING	OTHER	
	FROM	то	The second second second		Result.		1	RATE	and the same	COST	TYPE	#	COST	# DAVS	COST	DESCRIPTION	COST
05/26/22				V	164	Regular		0.55	\$	90.20	_	+ -	35.76	V			-
						,	•		\$	01/02							1_
06/22/22				7	64	Regular	-	0.55	\$	35.20							
06/22/22				V	82 🗸	Regular	-	0.55	\$	45.10	-						•
									\$	-	-	200					-
17 - 1							•		\$	-	-			S .		•	-
			100				Ŧ		\$		Ť				100	0.78	-
									\$		Ŧ	1	1000			19600011111	-
1000							T		\$		-						-
			1000				Ŧ		\$		-					,	-
	-	-					+	- 500	\$		-		 				•
				-		-	Ť		S	•	-	-		, sa .	1/2		-
			257 157 157 157					_	200	70 11	<u> </u>		+			_	-
	102					-	_		5		_	-					_
							_		\$		□ ▼	-	-				•
		J		L BIR			•		\$	-	*	+				100	<u>- </u>
Name and the second				100			_		\$							`	7
	8		=======================================				•	1.00	\$,	-
			35				•		\$	40.	-			80 8			•
							-		S		-			4 70			-
				1 10.23			-		S		-					10000000000000000000000000000000000000	-
	6	RAND TOTAL:	\$ 206.26	est sala n	310				\$	170.50		>	\$ 35.76	×	\$		\$ -
BUDGET CODES					***** IMPORTANT *****							REQUESTED BY:					
TRAVEL CENTRAL			PROJECT	1. Kilometers are calculated at \$0.55/km for the first 5,000km.													
(PRINCIPALS ONLY) \$			214-1-21120-308	CODE	Carpooling kilometers are calculated at \$0.65/km. You <u>must</u> provide names of passengers in the description line												
TRAVEL (SCH G/L) LODGING/MEALS		\$ 170.50 \$ 35.76		302	3. Attac	h <u>ORIGINAL</u> receip	ts to this	form.	roved b	v immediate							
CAR POOLING TRAVEL (SCH G/L)		\$ 33.79	103-1-51/10		supervis												
		\$.			equipm	ent and supplies fo	or your so	chool or depar	tment.	The normal							
		\$ -			6. Exper	sing procedures mo nse claims must be	submitte	ed by 4:00PM	to the f	inance							
		\$			to be pr	nent on the Tuesda rocessed for the fo	lowing p	week precedi say. Principals,	ng a pay please	send to							
		\$	Annual mental series at the	10 M (10 N) 11		e Delorme. e complete this fo	rm electr	onically.									
	TOTAL:	\$ 206.26					1000	Andrew Arter	180000	W SOURCE CONTROL OF							

