Amount paid 46.20

ENTERED OCT 0 5 2022

OCT 1 3 2022

# SWLSB

Initials [redacted]

☑ Submitted
☐ Paid

## EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

| | | | | | |
|---|---|---|---|---|---|
| Name: | Bobby Pellerin | School: | | Claim Number: | CN - 3 |
| Empl. #: | Phone number: [redacted] | Job Title: | Commissioner | Year: | 2022 |

| DATE (Mth/Day/Yr) | LOCATION (Use School Number and SWLSB for Board Office. See KMChart for more info.) FROM | TO | DESCRIPTION/ NATURE OF BUSINESS | Round Trip | KM | TYPE OF MILEAGE | RATE | COST | MEALS (Includes Taxes and Tips) TYPE | # | COST | LODGING # DAYS | COST | OTHER DESCRIPTION | COST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09/20/22 | [redacted] | | | ☑ | 84 | Regular | 0.55 | $ 46.20 | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
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| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | | | ☐ | | | | $ - | | | | | | | |
| | | GRAND TOTAL: | $ 46.20 | | 84 | | | $ 46.20 | | | $ - | | $ - | | $ - |

[redacted]

RECU - RECEIVED FINANCE OCT - 6 2022 C.S. SIR WILFRID LAURIER S.B.

### BUDGET CODES

| TRAVEL CENTRAL (PRINCIPALS ONLY) | | | PROJECT CODE |
|---|---|---|---|
| | $ - | 214-1-21120-308 | |
| TRAVEL (SCH G/L) | $ 46.20 | [redacted] | |
| LODGING/MEALS | $ - | | |
| CAR POOLING TRAVEL (SCH G/L) | $ - | | |
| | $ - | | |
| | $ - | | |
| | $ - | | |
| | $ - | | |
| TOTAL: | $ 46.20 | | |

***** IMPORTANT *****

1. Kilometers are calculated at $0.55/km for the first 5,000km.
2. Carpooling kilometers are calculated at $0.65/km. You *must* provide names of passengers in the description line
3. Attach *ORIGINAL* receipts to this form.
4. This form must be signed by claimant and approved by immediate supervisor.
5. 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.
6. 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 Deforme.
7. Please complete this form electronically.

REQUESTED BY:

[redacted]

NAME (please print) Paolo Galati

(Immediate Supervisor)

Revised by AG - May 2022