



SWLSB

Submitted
 Paid

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name:	Bobby Pellerin			School:				Claim Number:	CN - 4		
Empl. #:	Phone number:			Job Title:	Commissioner			Year:	2022		

DATE (Mth/Day/Yr)	LOCATION (Use School Number and SWLSB for Board Office. See KMChart for more info.)		DESCRIPTION/ NATURE OF BUSINESS	Round Trip	KM	TYPE OF MILEAGE	RATE	COST	MEALS (Includes Taxes and Tips)			LODGING		OTHER		
	FROM	TO							TYPE	#	COST	DAYS	COST	DESCRIPTION	COST	
10/20/22				<input checked="" type="checkbox"/>	146	Regular	0.55	\$ 80.30								
10/22/22				<input checked="" type="checkbox"/>	12	Regular	0.55	\$ 6.60								
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GRAND TOTAL:					\$	86.90		158		\$	86.90			\$		

BUDGET CODES			PROJECT CODE	<p align="center">***** IMPORTANT *****</p> <p>1. Kilometers are calculated at \$0.55/km for the first 5,000 km. 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 Delorme. 7. Please complete this form electronically.</p>
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$ -	214-1-21120-308		
TRAVEL (SCH G/L)	\$ 86.90			
LODGING/MEALS	\$ -			
CAR POOLING TRAVEL (SCH G/L)	\$ -			
	\$ -			
	\$ -			
TOTAL:	\$ 86.90			

REQUESTED BY:

(Immediate Supervisor)