



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

UNE
ÉDUCATION
EN ANGLAIS,
**UN AVENIR
BILINGUE**

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES														
NAME:		James Di Sano				SCHOOL:		Ward 7		PERIOD:		January to March		
EMPL#:		PHONE #:				JOB TITLE:		Commissioner		YEAR:		2022		
DATE (mm/dd/yyyy) (AA/BB/CC)	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	TRAVEL CENTRAL Principal & Management Advisory Meetings		REGULAR TRAVEL @ \$0.48/KM		CAR POOLING TRAVEL @ \$0.53/KM		MEALS		LODGING		OTHER
	FROM	TO		KM	AMOUNT	KM	AMOUNT	KM	COST		COST	# DAYS	COST	
02/02/22						20	\$ 9.70		\$ -					
03/09/22						20	\$ 9.50		\$ -					
03/27/22						20	\$ 9.70		\$ -					
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GRAND TOTAL:			\$	28.90		\$	-	60	\$ 28.90		\$	-	\$	-

BUDGET CODES				PROJECT CODE
TRAVEL CENTRAL (PRINCIPALS ONLY)	\$			
TRAVEL (SCH G/L)	\$	28.90	200-1-21120-	302
LODGING/MEALS	\$	-	203-1-51110	302
CAR POOLING TRAVEL (SCH G/L)	\$	-		302
OTHER				302
OTHER				592
OTHER				

IMPORTANT

- 1 Kilometers are calculated at \$0.48/km.
- 2 Car pooling kilometers are calculated at \$0.53/km.
- 3 You must provide names of passengers in the descriptions line.
- 4 Attach ORIGINAL receipts to this form.
- 5 This form must be signed by claimant and approved by your immediate supervisor.
- 6 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.
- 7 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. Principals, please send to Marion Monette.
- 8 Please complete this form electronically. This form is available on the Portal.

REQUESTED BY:

NAME (Please print):

James Di Sano

APPROVED BY