

SWLSB

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Name:	Tara Hellen Anderson		School:	203	Claim Number:	CN - 4	
Enrol. #:	[REDACTED]	Phone number:	[REDACTED]	Job Title:	Elementary Parent Commissioner	Year:	2022

GRAND TOTAL:	\$ 359.71
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BUDGET CODES

PROJECT
CODE

1. Kilometers are calculated at \$0.48/km for the first 5,000km.
2. Carpooling kilometers are calculated at \$0.53/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.

REQUESTED BY