



Employee Travel Expense Claim (Out of District)

Name: _____ Employee #: _____
 Address: _____ Position: _____
 _____ School/Department: _____
 Reason for Travel: _____

Date	Description	Kilometres	Rate	Amount
TRANSPORTATION				
	Vehicle: From/To: _____		0.59	-
	Vehicle: From/To: _____		0.59	-
	Vehicle: From/To: _____		0.59	-
	Taxi (attach receipts)			
	Ferry (attach receipts)			
	Air Travel (attach receipts)			
MEALS				
	Per Diem: Breakfast - \$ 11	# of days		-
	Lunch - \$ 17			-
	Dinner - \$ 25			-
To claim meals, travel must:				
* Begin before 7am on the date of departure to claim breakfast				
* Begin before 12pm on the date of departure to claim lunch				
* End after 6pm on the date of return to claim dinner				
	ACCOMODATIONS (attach receipts)			
	Description			
	Other (attach receipts)			
	Other (attach receipts)			
	Other (attach receipts)			

Account #: _____ Total Claim: \$ -

If other staff passengers carried on same business, please list: _____

Original detailed receipts MUST accompany reimbursement request.
Photocopies are not accepted.
Credit/debit card receipts are not accepted.

Certified true statement of disbursements made to which I am entitled as a result of travel on School District No. 71 business.

 Date of Claim Employee Signature

 Date Approved Supervisor Approval

Forward to Accounts Department at SBO for reimbursement

Accounts Payable Check: _____