



TRAVEL EXPENSE FORM

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Name:	Employee #					School/Office Location:					Date:			
Date	From	То	Activity/Purpose of travel	Km's	@ .44	Travel within Board jurisdiction	Meals Travel outside Board jurisdiction Itemized receipts must be attached - debit/credit card slips not acceptable			Accomodation	Parking, Tolls, Taxi Etc.	Other	TOTAL	
						Per Diem \$7.00	Brkfst \$10 max	Lunch \$13 max	Dinner \$27 max					
			Sub-total Sub-total page 2 TOTAL		\$	\$ \$ \$	\$ \$:	\$ \$	\$ \$	\$ \$ \$	\$ \$ \$	\$ \$	\$ \$	
Policy #208 Note:	I. Distance should be from centre to centre as indicated on Charts. 2. Lunch should not exceed \$7.00 and should be included ONLY if the person is away from the centre designated as his/her home base for a full day. 3. Meal amounts outside Board jurisdiction, as per guidelines: Brkfst \$10, Lunch \$13, Dinner \$27 with itemized receipts, maximum \$50 per day NO alcohol is to be included on the meal receipts. If meals are charged to hotel rooms an itemized receipt must be attached to hotel invoice. 4. Claims must be submitted by the 15th day of the month following the claim period.										Amount State of the state of th			
Claimant's Sign	ature		Address APPROVAL (for board use only)							Postal Code		!		
Principal/Superv	isor/Senior Administrator:					_	Date:							



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			TOTAL - PAGE 2		\$	\$	\$	\$	\$	\$.	\$	_ \$	§