

Name: _____ Employee # _____ School/Office Location: _____ Date: _____

Date	From	To	Activity/Purpose of travel	Km's	@ .44	Meals				Accomodation	Parking, Tolls, Taxi Etc.	Other	TOTAL
						Travel within Board jurisdiction	Travel outside board jurisdiction - Itemized receipts must be attached - debit/credit card slips not acceptable						
							Per Diem \$7.00	Brkfst \$10 max	Lunch \$13 max				
TOTAL - PAGE 2						\$	\$	\$	\$	\$	\$	\$	\$

INFORMATION COLLECTION AUTHORIZATION: This information is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act 1989, and will be used for reimbursement of travel expenses for employees/trustees. This information will be stored in the Accounting Department. Any questions with respect to this information should be directed to the Accounting Supervisor.
Users: Supervisors, Accounting staff Copies to: Employees, upon request