

TRAVEL EXPENSE FORM

Form - FIN-01 Page 1

(revised January 2023)

Name:		Employee #			School/Office Location:			Date:				
Date From	То	Activity/Purpose of travel	Km's	@ .68	Travel within Board jurisdiction Per Diem \$7.00	Itemized re	als utside Board jun eceipts must be t card slips not Lunch \$18 max	attached -	Accommodation	Parking, Tolls, Taxi Etc.	Other	TOTAL
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
				0.00								0.00
		Sub-total	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Sub-total page 2	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		TOTAL	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Board Admini	strative Procedure 612	GL Coding Account #	Amount
Note:	1. Distance should be from centre to centre as indicated on Charts.		
	2. Meal amounts outside Board jurisdiction, as per guidelines: Brkfst \$12, Lunch \$18, Dinner \$30 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.		
	3. Claims must be submitted within one month of the expenses being incurred.		
	4. For the calendar year: \$0.68 per km for the first 5,000 kms driven and \$0.62 per km driven after that.		
			\$ -
Claimant's Signa	ture Address	Postal Code	
	APPROVAL (for board use only)		

Principal/Supervisor/Senior Administrator:

Date:

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



TRAVEL EXPENSE FORM - PAGE 2

Form -FIN-01 Page 2

(revised January 2023)

Name:		Employee #					School/Office Location:				Date:		
Date	From	To	Activity/Purpose of travel	Km's @.68	Travel within Board jurisdiction Per Diem \$7.00	Meals Travel outside board jurisdiction Itemized receipts must be attached - debit/credit card slips not acceptable Brkfst Lunch Dinner \$12 max \$18 max \$30 max		Accommodation	Parking, Tolls, Taxi Etc.	Other	TOTAL		
					0.00	\$1100	¢12 indi	01011111	000 1141				0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
					0.00								0.00
		·	FOTAL - PAGE 2	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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