# EXPENSE CLAIM

**LOCATION/SCHOOL:** Hope -

School District 78 Fraser-Cascade

**EMPLOYEE REQUEST FOR REIMBURSEME**

| | |
|---|---|
| **EMPLOYEE NAME:** | **POSITION:** |
| **PERIOD FROM** **TO:** | **DATE SUBMITTED:** |

| DATE | ITEM/DESCRIPTION | | | GST | TOTAL |
|---|---|---|---|---|---|
| | • **VEHICLE EXPENSE** (Attach KM Log) | 0.00 | KM @ .55 | 0.00 | 0.00 |
| | | | | | |
| | • **EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc.** | | | | |
| | Activity: | | | | |
| | | | Meals: | | |
| | | | Accomodation: | | |
| | | | Fares/Tolls: | | |
| | | | Registration Fees: | | |
| | | | Other Expenses: | | |
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| | ** Receipts for expenses MUST BE attached. | | **TOTALS:** | $0.00 | $0.00 |

Total Expenses:

**TOTAL CLAIM:**

**I certify that the above expenses were paid by me in the course of work for School District No. 78 (Fraser-Cascade) during the period indicated.**

| Account Code: | Amount: |
|---|---|
| 00-550-340-000-000 | |
| | |
| | |
| | |

**Employee Signature:** _____

**Supervisor Approval:** _____

Payment Approved

(201801)

| DATE | FR OM | TO | COMMENTS | KMS |
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| | | | **TOTAL:** | 0.00 |

**Travel Allowance (KM) - Return mileage from Hope**

| | | | |
|---|---|---|---|
| Abbotsford - 176 | Agassiz - 70 | Boston Bar - 132 | Burnaby/Coquitlam - 290 |
| Chilliwack - 106 | Harrison - 86 | Richmond - 320 | Silver Creek - 8 |
| Spuzzum - 80 | Vancouver - 320 | | |

**NOTE**: Mileage will be paid at current approved rates according to Board Policy No. 6000.

Travel is to be calculated from and to the employee's normally assigned location.

**Please attach all receipts for transportation (other than kilometers), accomodation, meals and other expenses.**

Please indicate if you carpooled and list the names of the passengers.