

EXPENSE CLAIM

LOCATION/SCHOOL: Boston Bar



EMPLOYEE REQUEST FOR REIMBURSEMENT

EMPLOYEE NAME:		POSITION:
PERIOD FROM	TO:	DATE SUBMITTED:

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

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.

Total Expenses:

TOTAL CLAIM:

Account Code:	Amount:

Employee Signature: _____

Supervisor Approval: _____

Payment Approved

DATE	FR OM	TO	COMMENTS	KMS
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