EXPENSE CLAIM LOCATION/SCHOOL:

Boston I	Bar
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EMPLOYEE REQUEST FOR REIMBURSEMEI

EMPLOYEE NAME: POSITION:		POSITION:				
PERIOD FROM	ERIOD FROM TO: DATE SUBMIT					
				1		
DATE	ITEM/DESCRIPTIO	GST	TOTAL			
	VEHICLE EXPENSE (Attach KM Log)	KM @ .58				
	• EXPENSES FOR WORKSHOPS CONFERE	NCFS SEMINARS atc				
	• EXPENSES FOR WORKSHOPS, CONFERENCES, SEMINARS, etc. Activity:					
		Meals:				
		Accomodation:				
		Fares/Tolls:				
		Registration Fees	:			
		Other Expenses:				
			<u> </u>			
			<u> </u>			
			<u> </u>			
			<u> </u>			
	** Receipts for expenses MUST BE attached.	TOTALS:		\$0.00		
		Total Expenses:				
I certify that t	he above expenses were paid by me in the	TOTAL CLAIM:				
	c for School District No. 78 (Fraser-Cascade)					
during the per	iod indicated.	Account Code:		Amount:		
Faralassa Cian	-t					
Employee Sign	ature:					
Cuponicos A	aroual.					
Supervisor App	Ji Ovai.		Payment	Approved		
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DATE	FR OM	то		COMMENTS		KMS		
				TC	OTAL:	0.00		
Travel Allowance	Travel Allowance (KM) - Return mileage from Boston Bar							
Abbotsford - 308 Agassiz - 202 Hope - 132 Burnaby/Coquitlam - 422		ı - 422						
Chilliwack - 238								
Spuzzum - 52	Spuzzum - 52 Vancouver - 452							

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.