## EXPENSE CLAIM LOCATION/SCHOOL:

Hope - I	District
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## **EMPLOYEE REQUEST FOR REIMBURSEME**

EMPLOYEE N	AME:	POSITION:	POSITION:			
PERIOD FROI	M TO:	DATE SUBMITTED:				
	_					
DATE	ITEM/DESCRIPTION			TOTAL		
	• VEHICLE EXPENSE (Attach KM Log)	KM @ .58				
	• EXPENSES FOR WORKSHOPS, CONFEREN	NCES, SEMINARS, etc.				
	Activity:					
		Accomodation:				
		Fares/Tolls:				
		Registration Fees	5:			
		Other Expenses:				
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	** Receipts for expenses MUST BE attached.	TOTALS:				
	Receipts for expenses most be attached.	TOTALS.				
		Tatal Formanian				
	all a change and a constant of the constant of	Total Expenses:				
	the above expenses were paid by me in the	TOTAL CLAIM:				
	rk for School District No. 78 (Fraser-Cascade)	Assessment Contact		A t		
auring the pe	eriod indicated.	Account Code:		Amount:		
	_					
Employee Sig	nature:					
Supervisor Ap	pproval:					
			Payment	Approved		

DATE	FROM	то	СО	MMENTS	KMS			
				TOTAL:				
Travel Allowance	Travel Allowance (KM) - Return mileage from Hope							
Abbotsford - 176 Agassiz - 70		Bostor	n Bar - 132	Burnaby/Coquitlam - 290				
Chilliwack - 106 Harrison - 8		6 Richm	ond - 320	Silver Creek - 8				
Spuzzum - 60	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.