## EXPENSE CLAIM LOCATION/SCHOOL:

Hope	lope
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## **EMPLOYEE REQUEST FOR REIMBURSEMI**

updated Jan1/2020

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

DATE	ITEM/DESCRIPTION			GST	TOTAL
	• VEHICLE EXPENSE (Attach KM Log)	0.00	KM @ .59		0.00
	• EXPENSES FOR WORKSHOPS, CONFERE	NCES, SEN	/INARS, etc.		
	Activity:				
			Meals:		
			Accomodation:		
			Fares/Tolls:		
			<b>Registration Fees:</b>		
			Other Expenses:		
	** Receipts for expenses MUST BE attached.		TOTALS:		\$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:		

**Employee Signature:** 

Supervisor Approval:

**Payment Approved** 

DATE	FROM	то	COMMENTS	кмѕ
(000004)				
(202001)	·	•		-

				TOTAL:	0.00	
Travel Allowance (KM) - Return mileage from Hope						
Abbotsford - 176 Agassiz - 70		Boston Ba	r - 132 Burn	aby/Coquitlam - 290		
Chilliwack - 106	Harrison - 8	6 Richmond	- 320 Silver	r 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.