



School District No. 71 - Comox Valley EXPENSE CLAIM FORM - Excluded/Principal/Vice-Principal



Name: _____

Name of Meeting or Function Attended: _____

Address: _____

Date of Function: _____

School/Site: _____

Please attach all corresponding receipts

Date	Personal Vehicle		Distance (km)	Rate (/km)	Ferry/Toll/Air/Taxi/Parking	Accommodation Hotel	MEALS			Misc Supplies		TOTALS
	From	To					Brkfst	Lunch	Dinner	Description	Cost	
				\$ 0.52			\$ 11.50	\$ 14.25	\$ 23.25			
Totals:				\$	\$	\$	\$	\$	\$		\$	\$

I certify that the foregoing expenses are claimed in compliance with district policy and that no other reimbursement will be paid to me in respect of these items.

MEAL ALLOWANCE**:	
Breakfast	\$ 11.50
Lunch	\$ 14.25
Dinner	\$ 23.25
Total: Per Day Allowable	\$ 49.00
KILOMETRAGE RATE:	\$ 0.52 /km

Employee Signature

Date: _____

TO BE FILLED OUT BY PRINCIPAL/SUPERVISOR

Approved for Payment: _____

Account: _____

Date: _____

On the day of departure, if travel begins:
 * after 7:00 AM, breakfast cannot be claimed
 * after 12:00 noon, lunch cannot be claimed
 * after 6:00 PM, dinner cannot be claimed

On the day of return if travel status terminates:
 * prior to 7:00 AM, no meals can be claimed
 * prior to 12:00 noon, breakfast can be claimed
 * prior to 6:00 PM, breakfast and lunch can be claimed
 * after 6:00 PM, all meals can be claimed

**This allowance includes gratuities and all other expenses such as dry cleaning, portage and personal telephone calls.

Please remit to: Accounts Department
 607 Cumberland Road
 Courtenay, BC V9N 7G5