



School District #49 (Central Coast)

1961 Highway 20, PO Bag 130, Hagensborg, BC, V0T 1H0
Phone: (250) 982-2691 Fax: (250) 982-2319



Travel Expense Claim Form

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Function Attended: \_\_\_\_\_

Location: \_\_\_\_\_

HST

Transportation (Receipts Attached)

Airfare \_\_\_\_\_ \$ \_\_\_\_\_
(If Charged, So State)

\* Car Mileage \_\_\_\_\_ km @ \_\_\_\_\_ per km \$ \_\_\_\_\_

Taxi \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Accommodations
(Receipt Attached - So State)

Total \$ \_\_\_\_\_

Meals (Maximum - Per Day)

Number of days \_\_\_\_\_ @ \_\_\_\_\_ = Total Daily rate \$ \_\_\_\_\_

B (\_\_\_\_\_) # \_\_\_\_\_ L (\_\_\_\_\_) # \_\_\_\_\_ D (\_\_\_\_\_) # \_\_\_\_\_

B = \_\_\_\_\_ L = \_\_\_\_\_ D = \_\_\_\_\_ Total per meal rate \$ \_\_\_\_\_

Registration & Other (Receipts Attached, Details)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

EXPENSE CLAIM TOTAL \$ \_\_\_\_\_

ADVANCE \$ \_\_\_\_\_

BALANCE DUE TO ME/BOARD \$ \_\_\_\_\_

Code: \_\_\_\_\_

Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

\* Mileage both ways may not exceed return airfare cost.