



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.