

**SCHOOL DISTRICT NO. 46 (SUNSHINE COAST)
EXPENSE CLAIM FORM**

NAME OF CLAIMANT _____

FOR THE MONTH OF _____ 2
0 _____

SCHOOL _____

DATE	DESTINATION	SUNDRIES	MEALS	FERRIES	KMS PER DAY	BUDGET CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
	TOTALS					

Certified that the above is a true and faithful record of expenses necessarily incurred in the performance of my duties with School District No. 46 (Sunshine Coast). Pursuant to the provisions of the Board policy, I hereby claim reimbursement as follows:

_____ kms (as above) at 48 cents per km = \$ _____

OTHER EXPENSES – ferries, ** meals, hotels, etc. as details above (overleaf if necessary). \$ _____

** Note: Provincial Meal Rates:

Breakfast	\$ 8.75
Lunch	10.00
Dinner	18.75
Maximum	\$37.50

TOTAL \$ _____

SIGNED: _____

GST included in above (for office use only)

MAILING ADDRESS: _____

APPROVED: _____
Administrator

Client No. _____
Date Rec'd at SBO _____

Account Code					Amount	GST