



School District #27 (Cariboo-Chilcotin)
IN DISTRICT TRAVEL
 Personal Expense Voucher

Name: _____ Date of Claim: _____

School/Department: _____ Position: _____

Date(s) expenses were incurred: _____

Principals' Meeting Regular Travel Other: (Specify on reverse of form)

Rural Day(s) Field Trip / Location: _____ Approved by: _____

Page 2 Must Be Completed To Claim Reimbursements

TRANSPORTATION COSTS

_____ Kilometers @ .54 cents/pavement \$ _____
 _____ Kilometers @ .59 cents/gravel \$ _____

ACCOMMODATION

Lodging for _____ night(s) at _____ per night (attach receipts) or \$ _____
 per diem rate of \$20.00/night including incidentals (no receipt)

MEALS

Refer to Policy No. 4133 when claiming meals

_____ Breakfast @ \$10.00 \$ _____
 _____ Lunch @ \$15.00 \$ _____
 _____ Dinner @ \$25.00 \$ _____

Attach receipts for actual amounts; if not claiming the per diems rates above

\$ _____

OTHER EXPENSES (specify): _____ \$ _____

Distribution of Charges:		
Acct. Code	Amount (incl GST)	GST

Sub Total \$ _____
 Less Advance (if any) \$ _____
Total Claim \$ _____

Claimant's Signature: _____

Authorization: _____

*****REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 30 DAYS*****

