Catholic District School Board of Eastern Ontario

Box 2222, 2755 Highway 43, Kemptville, ON, K0G 1J0

TRAVEL AND EXPENSE CLAIM

Claimant's Name:	Purpose of Travel:
School/Location:	
Home Address:	Names of Passengers if travelling by private vehicle:

Date	Details	km	Meals	Accom	Other	Daily Total
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
	Total Expenses from page 1	-	$ -	$ -	$ -	$ -
	Total km carried from page 2	-		Total $ carried from page 2		$ -
	Total km-pages 1 and 2	-		X $0.73 per km (1st 5,000 km)		$ -
				X $0.67 per km (over 5,000 km)		$ -
				Sub-Total		$ -
I hereby certify that the foregoing expenses were actually incurred by me in the service of the Board				Less Advance		$ -
				Total Claim		$ -
Signature:				Accounts to be Charged		
Title:	Date:					
Approved:						
Title:	Date:					
Claim Checked:				Total = Total Claim		$ -
				Vendor Number		