



**SCHOOL DISTRICT 10 (ARROW LAKES)  
TRAVEL EXPENSE CLAIM FORM**

Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Date (MM/DD/YY)	Travel Expense Details	KM (x0.52/KM)	Total Amount	Account Code: (Completed by Supervisor)
<b>Total Amount</b>				

**Mileage or Fuel Receipts:** Mileage is calculated at 0.52/KM (**for Teaching Staff**) and is applicable to personal vehicles only. Fuel receipts are applicable to district vehicles only. A fuel expense must be accompanied by a receipt

**Meals:** Meals are covered at approved per diem rates:  
Breakfast \$9.00 / Lunch \$13.00 / Dinner \$23.00 OR Full Day \$45.00

**Other Expenses:** All other expenses must be accompanied by a receipt. The actual transaction receipt is required with the payment receipt (debit or Visa receipt).

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

<b>Office Use Only</b>	
Vendor No. _____	Invoice No. : _____