



SCHOOL DISTRICT 10 (ARROW LAKES) TRAVEL EXPENSE CLAIM FORM

Date: _____

Employee Number: _____ Employee Name: _____

Date (MM/DD/YY)	Travel Expense Details (Purpose and destination)	KM (per CRA)	Total Amount	Account Code: (Completed by Supervisor)
Total Amount				

Mileage or Fuel Receipts: Mileage is calculated at the CRA rate (currently 0.54/km) 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 \$10.00 / Lunch \$17.00 / Dinner \$23.00 OR Full Day \$50.00

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: _____

Office Use Only	
Vendor No. _____	Invoice No. : _____