



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) (per CA)	Total Amount	Account Code: (Completed by Supervisor)
Total Amount				

Mileage or Fuel Receipts: Mileage is calculated at the CRA rate for CUPE, Exempt, and Admin Staff and per the CA for Teaching staff and is applicable to personal vehicles only. Fuel receipts are applicable to district vehicles only. A fuel expense (gas) 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. : _____