

TRAVEL EXPENSE CLAIM FORM - Employee

1. Complete the travel expense details, attach receipts if applicable, & sign
2. Supervisor to enter account codes & sign
3. Submit via email to accounts.payable@sd10.bc.ca

Date: _____

Employee Number: _____

Employee Name: _____

Date (MM/DD/YYYY)	School (school traveled from)	Travel Expense Details (purpose & destination)	Km* (per CRA) (per CA)	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 \$15.00 / Lunch \$20.00 / Dinner \$25.00 OR Full Day \$55.00

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.	

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