



School District No.22 (Vernon)
 1401 – 15th Street, Vernon, B.C. V1T 8S8
 Phone (250)542-3331 Fax (250) 549-9200

TRAVEL EXPENSE FORM

Claimant's Name:	Home Phone #:
Mailing Address:	Postal Code:
Date Completed:	
Reason for travel:	
Destination:	Travel Date(s):
If you were accompanied by other SD #22 employee(s), please list names here	
Did you travel by ___air or by ___car? If by car please list passengers	

Entitlement Allowed - **see reverse for details of allowable amounts

Date(s)	Mileage		Per Diem Meals Only					Other Expenses			
	Personal vehicle use @ \$0.59/km		<i>Tick each meal claimed</i> P= meal provided					<i>Receipts must be attached for each item in this column.</i>			
Date	#Km	Amount	\$15 B	\$20 L	\$25 D	Pd by SD Visa√	Amount	Description	Paid by SD Visa√	Amount	
		\$					\$			\$	
Total (a)		\$	Total (b)					\$	Total (c)		\$
I hereby certify that the foregoing expenses are claimed in compliance with Board Policy and Expense Guidelines and that no other reimbursement will be paid to me in respect to these items.								TOTAL CLAIM		\$	
CLAIMANT'S SIGNATURE:								Sum of a, b, c		\$	
Authorized by:								LESS: Advance		\$	
Budget #:								LESS: Payment by SD22 A/P or by SD22 VISA		\$	
Approval for Payment: Secretary-Treasurer or Designate:								DUE: To Claimant		\$	
								DUE: To SD22		\$	

CHECK YOUR ATTACHMENTS – your claim will be processed more quickly if all necessary attachments accompany it.

Have you attached:

- receipts to accompany all “Other Expenses”– each item claimed must be accompanied by a receipt, including COPY of all SD visa receipts (submit original Visa receipt to VISA Manager)
- copy of itinerary/printout showing dates & times of air travel
- copy of pamphlet/agenda for event attended showing dates/ times/details/meals provided
- have you broken down per diem meals by date & ticked each meal claimed individually.

Feb 20/ 2020