## APPENDIX A



## Catholic District School Board of Eastern Ontario Box 2222, 2755 Highway 43, Kemptville, ON, K0G 1J0

## TRAVEL AND EXPENSE CLAIM

Claimant's Name:	Purpose of Travel:				
School/Location:					
Home Address:	Names of Passengers if travelling by private vehicle:				

Date	Details	km	Meals	Accom	Other	Daily	/ Total	
						\$	_	
						\$	_	
						\$	-	
						\$	_	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
						\$	-	
Total Expenses from page 1 - \$ - \$			\$ -	\$ -	\$	-		
Total km carried from page 2 -				Total \$ carried from page 2			-	
Total km-pages 1 and 2 -				X \$.59 per km (1st 5,000 km)			-	
				X \$.53 per km (over 5,000 km)			-	
				Sub-Total			-	
I hereby certify that the foregoing expenses were			Less Advance			\$	_	
actually incurred by me in the service of the Board			Total Claim			\$	_	
Signature:			Accounts to be Charged					
Title:	Date:			Accounts to	be only	\$		
Approved:	Date.					\$		
Title:	Date:					\$		
Claim Checked:			Total = Total Claim				_	
			Vendor Number					
				1 Vendor Namber				