



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 \$0.70 per km (1st 5,000 km)		\$ -	\$ -
I hereby certify that the foregoing expenses were actually incurred by me in the service of the Board Signature: _____ Title: _____ Date: _____ Approved: _____ Title: _____ Date: _____ Claim Checked: _____		X \$0.64 per km (over 5,000 km)		\$ -	\$ -	
		Sub-Total		\$ -	\$ -	
		Less Advance		\$ -	\$ -	
		Total Claim		\$ -	\$ -	
		Accounts to be Charged				
Total = Total Claim			\$ -			
Vendor Number						