



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 \$0.72 per km (1st 5,000 km)			\$ -
I hereby certify that the foregoing expenses were actually incurred by me in the service of the Board			X \$0.66 per km (over 5,000 km)			\$ -
		Sub-Total				\$ -
		Less Advance				\$ -
		Total Claim				\$ -
		Accounts to be Charged				
Signature:						
Title:	Date:					
Approved:						
Title:	Date:					
Claim Checked:		Total = Total Claim				\$ -
		Vendor Number				