



**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 \$.44 per km			\$ -					
I hereby certify that the foregoing expenses were actually incurred by me in the service of the Board						Sub-Total	\$ -				
						Less Advance					\$ -
						Total Claim					\$ -
						Accounts to be Charged					
Signature:											
Title:	Date:					\$					
Approved:						\$					
Title:	Date:					\$					
Claim Checked:		Total = Total Claim				\$ -					
Vendor Number											