



EMPLOYEE EXPENSE CLAIM FORM

602.9AP Exhibit 1

Claimant

School

Date (MM/DD/YYYY)

Mileage Claim

MM/DD/YY	Destination & Purpose:	Klm:	Rate:	Total:
Total:				

An **original** receipt must be provided for each expense claimed other than meal allowances.

Expense Claim

Meal Allowances*

Receipts

MM/DD/YY	Description	Meal Allowances*			GST Paid:	Total (including GST):
		B \$10	L \$15	S \$25		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total:						

Total Authorized Claim:

Account Code:

As of March 1, 2013, all employee expense claim reimbursements will be deposited into the employee's payroll account on file.

GST Paid:

Total:

Signature of Claimant

Signature of Authorized Personnel

*Breakfast: if you leave your school community before 7:00 a.m.

*Supper: if you return to your school community after 6:00 p.m.