



**School District No. 64 (Gulf Islands)  
112 Rainbow Road  
Salt Spring Island, BC V8K 2K3**

**Phone: 250 537-5548 Accounting Ext. 209  
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Email: [gmahady@sd64.bc.ca](mailto:gmahady@sd64.bc.ca)**

## **Reimbursement Voucher**

**Please reimburse expenses as per receipts attached.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Claim Amount:** \_\_\_\_\_

**Claimant Signature:** \_\_\_\_\_

**Approval:** \_\_\_\_\_

**Charge to GL Account:** \_\_\_\_\_