

**School District No. 64 (Gulf Islands)
Employee Travel Expense Claim**

NAME:		DATE:	
Date of travel			
To			
Purpose			
Approved by			
Mileage \$.59/km *			
Ferry			
Meals: Breakfast \$11.00 Lunch \$17.00 Dinner \$25.00			
Hotel			
Other fares			
Other expenses			
Total			
Net claim or refund			

* If more space required for mileage, please use back of form.

NOTE: ORIGINAL RECEIPTS ARE REQUIRED.

I hereby certify that the above expenditures were incurred on authorized district business in accordance with the *School Act* and that I will not otherwise be reimbursed.

Signature of claimant

Approved by: _____

GL Code: _____

**School District No. 64 (Gulf Islands)
Employee Travel Expense Claim**

NAME:		DATE:	
DATE	FROM	TO	KM *

* BCSTA current mileage rate is \$.59/km

GL Code: _____

Revised: January 2020