

SCHOOL DISTRICT No. 5 (SOUTHEAST KOOTENAY)

TRAVEL REQUEST AND CLAIM

NAME://.....//.....
(PRINT) (SIGNATURE) (DATE)

POSITION: (Title, Location and Department)

TRAVEL DETAILS:
(Please attach copy of registration and workshop information)

PLACE:

DATE(S):

METHOD OF TRAVEL://.....//.....
(MAKE) (MODEL) (LICENSE OF VEHICLE)

BILLED TO THIRD PARTY (i.e. Ministry) YES No

BUDGET CODE

_____ BUDGET ACCOUNT NAME

APPROVAL OF TRAVEL
..... AUTHORIZED SIGNATURE

REQUEST FOR ADVANCE:

DETAILS	TOTALS
PER DIEM @ \$50.00 / DAY	=
ACCOMMODATION
MILEAGE
ADVANCE TOTAL

OFFICE USE ONLY - ADVANCE CLAIM
BATCH #
DATE
ENTRY
A/P

ACCOMMODATION: Booking accommodations is the responsibility of the person travelling.

FINAL CLAIM DETAILS — attach with receipts 10 days upon return.

DATE	DETAILS	RECEIPT #	AMOUNT

.....
EMPLOYEE SIGNATURE
 CERTIFIED CORRECT

.....
 DATE

TOTAL EXPENSES:

LESS PAID BY DISTRICT:

LESS ADVANCE:

DUE TO { EMPLOYEE:
 BOARD:

OFFICE USE ONLY — FINAL CLAIM	
ON BEHALF OF:	SECRETARY TREASURER
CODE (G.S.T.).....	DATE A/P INITIALS
BATCH #	DATE INITIALS