

# MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD

FINANCE & ADMINISTRATION DEPARTMENT

## TRAVEL AUTHORITY/ADVANCE FORM

NAME:	DEPARTURE	DATE	TIME
DESTINATION:	RETURN	DATE	TIME
CONFERENCE/EVENT:			
FUNDED BY:      BOARD <input type="checkbox"/> MINISTRY OF ED. <input type="checkbox"/> If MoE funded, support documents required.			

### EXPEDITURES

\*\*FILL IN ALL SECTIONS WHERE EXPENSES ARE ANTICIPATED TO BE INCURRED\*\*

DESCRIPTION	DETAILS	AMOUNT
AIR FARE	ONE-WAY <input type="checkbox"/> RETURN <input type="checkbox"/>	
TRAIN FARE	ONE-WAY <input type="checkbox"/> RETURN <input type="checkbox"/>	
TAXI FARE(S)	~ ESTIMATE EXPENSE AMOUNT ~	
PRIVATE VEHICLE	ESTIMATED KMS _____ @ \$0.42/KM	
MEALS	_____ BREAKFAST; _____ LUNCH; _____ DINNER	
ACCOMMODATION	NIGHTS - HOTEL: _____ or PRIVATE LODGING: _____	
PER DIEM	~ INPUT AMOUNT IF APPLICABLE ~	
REGISTRATION FEES	COURSE/EVENT:	
OTHER EXPENSES		
#1		
#2		
#3		
<u>MEALS: BOARD FUNDED</u> B-\$15 L-\$20 D-\$30	<u>MEALS: MoE FUNDED</u> B-\$8.75 L-\$11.25 D-\$40	<b>TOTAL ADVANCE REQUESTED: \$</b>
**In the space provided below, include any additional information pertinent to your travel arrangements.**		

<u>NOTICE:</u>	
EMPLOYEES WHO RECEIVE A TRAVEL ADVANCE ARE OBLIGATED TO FILL, COMPLETE AND SUBMIT A TRAVEL & ACCOMMODATION EXPENSE CLAIM TEN (10) WORKING DAYS UPON RETURNING; AS PER THE FINANCIAL POLICY (No.500) OF THE M.F.I.D.S.A.B..	
Requestor Signature	Date

	ACCOUNT CODE:
Verified - Principal (Or Designate)	Date

APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BOARD RECEIVED:	
Business Administrator & Treasurer		Date	

NOTATIONS: