

**FORM GOV-21-01 TRUSTEE TRAVEL AND ACCOMMODATION EXPENSE CLAIM**

**MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD**

**NAME:** \_\_\_\_\_

**CONFERENCE/EVENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**TRAVEL AND ACCOMMODATION EXPENSE CLAIMS** (provide details and receipts)

Date(s) of Event	Travel To and Return	Purpose of Travel/Expense	Km Driven	Registration	Hotel	Meals	Airfare	Taxi/Parking/Other

Hotel: Detailed receipts must show the charges per single cost of the room and applicable taxes. Private Stay- Reimbursed at \$30. per night, with no receipts required. Meals: Itemized receipts required for Ministry of Education funded trips :Breakfast- \$8.75, Lunch -\$11.25, Dinner = \$40. NO Itemized receipts required for Board funded trips :Breakfast--\$15.00; Lunch--\$20.00; Dinner: \$30.00. Per Diem: \$65.00

\_\_\_\_\_ Total Km Driven      X Rate per Km. [\$ 0.42]      \_\_\_\_\_

Total Additional Expenses      \_\_\_\_\_

Total Claim for Reimbursement      \_\_\_\_\_

Less Advances (if applicable)      \_\_\_\_\_

Account Code \_\_\_\_\_

I herby certify that the above expenses are correct and were incurred on board-related business

\_\_\_\_\_  
Signature of Claimant

Required for Approval: \_\_\_\_\_  
Board Members—Chair of the Board; Chair—Treasurer of the Board

\_\_\_\_\_  
Financial Approval (Signature)