

MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD

FINANCE & ADMINISTRATION DEPARTMENT

TRAVEL & ACCOMMODATION EXPENSE CLAIM FORM

NAME:	TRAVEL DATES:	DEPARTURE	RETURN
CONFERENCE/EVENT:		TRAVEL ADVANCE RECEIVED	YES <input type="checkbox"/> or NO <input type="checkbox"/>
FUNDED BY: BOARD <input type="checkbox"/> MINISTRY OF ED. <input type="checkbox"/>		If MoE funded, support documents required.	

TRAVEL EXPENSE DETAILS

AFFIX ORIGINAL RECEIPTS WHEN SUBMITTING

DATE	DESCRIPTION	TRANSPORT.	ACCOM.	MEALS	INCIDENTALS	TOTAL
MEALS: BOARD FUNDED B-\$15 L-\$20 D-\$30		MEALS: MoE FUNDED B-\$8.75 L-\$11.25 D-\$40		TOTALS		

DECLARATION OF PERSONAL VEHICLE USE

FILL IN IF PRE-APPROVAL WAS GRANTED ON TRAVEL AUTHORITY/ADVANCE

DATE	ORIGIN	DESTINATION	KMS DRIVEN
TOTAL			

↶ BOARD OFFICE USE ONLY ↷

TOTAL TRAVEL CLAIM: \$	ACCOUNT CODE:	DATE CLAIM RECEIVED:
TOTAL KMS DRIVEN @ 0.42/KM: \$	NOTATIONS:	
LESS TRAVEL ADVANCE ISSUED: \$		
TOTAL AMOUNT OWING / DUE: \$		

I HEREBY CERTIFY THAT THE ABOVE STATED EXPENSES ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND ADHERE TO THE FINANCIAL POLICY (NO. 500) OF THE M.F.I.D.S.A.B..

Claimant Signature	Date
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Verified - Board Office Clerk	Date
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Approved - Business Administrator & Treasurer	Date
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