

Northeastern Catholic District School Board

101 Spruce Street North
TIMMINS ON P4N 6M9

Telephone: (705) 268 - 7443
Fax: (705) 267 - 3590

Reimbursement of Expenses (Conference/Convention/Workshop/Meeting/Training/Other)

Name:

School/Location:

Name of Activity:

Date of Activity:

Location of Activity:

Date	Particulars	KMs	Airfare/Car Rental	B - L - D	Meals \$	Accommodations \$	Other \$	Total \$
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				○ ○ ○				
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				○ ○ ○				
				○ ○ ○				
				○ ○ ○				
				○ ○ ○				
		Total:						

	Total KMs	0.50/KM	Total Mileage	
Mileage		0.50		
Total Claim for Reimbursement				

Meals		Maximum
B	Breakfast	\$15
L	Lunch	\$20
D	Dinner	\$40

NOTE: ORIGINAL ITEMIZED Receipts for all meals and other expenses are to be submitted with this statement. Photocopies of receipts or credit/debit card slips are NOT acceptable.

Refer to Policies:
B-9: Administrative Expenses
T-14: Trustee Support Services

I hereby certify the above statement of expenses to be correct
Claimant's Signature
Date
Supervisor's Signature (Approval)
Date
Account Number