Revised 08/03/01

AN ENGLISH EDUCATION, A BILINGUAL FUTURE

UNE EDUCATION EN ANGLAIS, UN AVENIR BILINGUE

EXPENSE REIMBURSEMENT POLICY FORM - ***FOR COMMISSIONERS ONLY***

NAME	Anne McMullon	JOB TITLE	Commissioner Ward 4	MONTH	May
EMPLOYEE NO.				YEAR	2015

DATE (Yr-Mth-Day) 2011-01-01	LOCATION FROM	LOCATION TO	DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Standing Committees KM	AMOUNT	302 MEALS #	COST	302 OTHER COST	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC KM	AMOUNT	812 CONFERENCES COST	302 LODGING #DAYS	AMOUNT	302 MEALS #	COST	302 OTHER COST
2015-05-01	21	23	Conference										223.82		10.33	
GRAND TOTAL			$ 234.15		$ -	X	$ -	$ -		$ -	$ -	X	$ 223.82	X	$ 10.33	$ -

Amount paid 234.15

JUL 30 2015

Initials

RECEIVED JUL 13 2015

REÇU - RECEIVED FINANCE JUL - 9 2015

BUDGET CODES	
TRAVEL	$ -
MEALS	$ -
OTHER	$ -
	xxx
	xxx
PIC - TRAVEL	$ -
PIC-CONFERNCES	$ -
PIC -LODGING	$223.82
PIC - MEALS	$10.33
PIC - OTHER	$ -
*ADVANCE	
TOTAL	$ 234.15

- Kilometers are calculated at $0.48/km
- Attach ORIGINAL receipts to this form.
- This form must be signed by claimant and duly approved.
- Expense claims must be submitted by 4.30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the following pay
- Please complete this form electronically. This form is available on the Portal

REQUESTED BY:

APP...

NAME (Plea

Immediate Supervisor

OESBA Conference Expense Report

Revised 08/03/01

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EMPLOYEE NO.				YEAR	2015

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2015-05-01	21	23	nference										223.82		10.33	
GRAND TOTAL			$ 234.15		$ -		$ -	$ -		$ -	$ -		$ 223.82		$ 10.33	$ -

Amount paid 234.15

JUL 30 2015

Initials

RECEIVED JUL 13 2015

RECEIVED - FINANCE

JUL - 9 2015

BUDGET CODES

TRAVEL	$ -	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	XXX	
	XXX	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERNCES	$ -	203- 1- 55500 - 842 512
PIC -LODGING	$223.82	203- 1- 55500 - 302
PIC - MEALS	$10.33	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01603-000
TOTAL	$ 234.15	-

IMPORTANT

Kilometers are calculated at $0.48/km.
Attach ORIGINAL receipts to this form.
This form must be signed by claimant and duly approved
Expense claims must be submitted by 4:30 pm to Finance on the Wednesday of the week preceding a pay in order for it to be processed for the followingpay
Please complete this form electronically. This form is available on the Portal

REQUE

NAM

APPRO

[redacted]

REVISED BY AG - FEB. 2018

SWLSB

Amount paid 426.04

JUN 28 2018

Initials

☐ Submitted
☐ Paid

EXPENSES REIMBURSEMENT POLICY FORM - ALL EMPLOYEES

Name:	Anne McMullon	School:	
Empl. #:	Phone number: [redacted]	Job Title:	Commissioner
Claim Number:	CN - 26	Year:	2017-2018

DATE (Mth/Day/Yr)	LOCATION (Use School Number and SWLSB for Board Office. See KMChart for more info.) FROM	TO	DESCRIPTION/ NATURE OF BUSINESS	Round Trip	KM	TYPE OF MILEAGE	RATE	COST	MEALS (Includes Taxes and Tips) TYPE	#	COST	LODGING # DAYS	COST	OTHER DESCRIPTION	COST
05/26/18			Conference -	☐				$ -				2.00	426.04		
								$ -			$ -		$ 426.04		$ -

GRAND TOTAL: $ 426.04

RECU - RECEIVED
FINANCE
JUN 19 2018
C.S. SIR-WILFRID-LAURIER
SIR WILFRID LAURIER S.B.

ENTERED JUN 19 2018

BUDGET CODES

			PROJECT CODE
TRAVEL CENTRAL (PRINCIPALS ONLY)	$ -	214-1-21120-308	
TRAVEL (SCH G/L)	$ -	203-1-51110-302	
LODGING/MEALS	$ 426.04	203-1-51110-302	
CAR POOLING TRAVEL (SCH G/L)	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
TOTAL:	$ 426.04		

***** IMPORTANT *****

1. Kilometers are calculated at $0.48/km for the first 5,000km.
2. Carpooling kilometers are calculated at $0.53/km. You *must* provide names of passengers in the description line
3. Attach *ORIGINAL* receipts to this form.
4. This form must be signed by claimant and approved by immediate supervisor.
5. This expense claim form *is not to be used* for the purchasing of equipment and supplies for your school or department. The normal purchasing procedures must be followed.
6. Expense claims must be submitted by 4:00PM to the Finance department on the Tuesday of the week preceding a pay in order for it to be processed for the following pay. Principals, please send to Florence Delorme.
7. Please complete this form electronically.

REQUESTED BY:

[redacted]