



Name: _____

School: _____

Date: _____ / _____ / _____
 Month Day Year

ITEMS CLAIMED (GIVE SPECIFIC DETAILS)		AMOUNT CLAIMED	ACCOUNT CODE
1	MILEAGE (COMPLETE DETAILS ON REVERSE)		
2			
3			
4			
5			
6			
TOTAL AMOUNT CLAIMED			

Claimant's Signature: _____

NOTE: ALL CLAIMS, EXCEPT MILEAGE, MUST BE ACCOMPANIED BY THE APPROPRIATE RECEIPTS.

FOR OFFICE USE ONLY

Signature: _____

Cheque Number: _____

Notes: _____

MILEAGE EXPENSE DETAILS

DATE M/D/Y	EVENT	LOCATION	KM CLAIMED
TOTAL KM CLAIMED			

TOTAL KM CLAIMED:	X 47¢	TOTAL CLAIM AMOUNT:
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TRANSFER THE TOTAL CLAIM AMOUNT TO ITEM # 1 ON FRONT OF THIS FORM