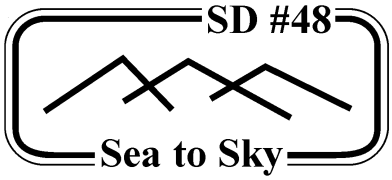
SD #48
Sea to Sky



School District No.48 (Sea to Sky)

Expense Claim Form – Policy 404.2

Name-	Position-
Address-	Location-
Postal Code-	Date-

SECTION I: VEHICLE USE	
TOTAL KILOMETERS: @50c (From back page): _____	**TOTAL $**

SECTION II: (Other Misc. Expenses) **RECEIPTS MUST BE ATTACHED TO BACK OF REPORT FOR ALL ITEMS CLAIMED**

Date	Details of Expense	Budget No.	HST	Amount
			TOTAL $	
			TOTAL CLAIM $	

CERTIFIED CORRECT:

_____ Claimant's Signature

_____ Supervisor's Approval

_____ Secretary-Treasurer

OFFICE USE ONLY:

Budget Number	G/L Number	Amount

MILEAGE RECORD

Date	Destination & Purpose (be specific)	Budget No.	KM	Rate	Total
				TOTAL $	

BUDGET RECAP:

Budget Number	Amount