AN ENGLISH EDUCATION, **A BILINGUAL FUTURE**

UNE ÉDUCATION EN ANGLAIS, **UN AVENIR BILINGUE**

Revised 08/03/01

TRAVEL & REPRESENTATION EXPENSES CLAIM FORM - ***FOR COMMISSIONERS ONLY***

NAME	*Stephane Henley*	**JOB TITLE**	*Commissioner*	**MONTH**	*October*
EMPLOYEE NO.				**YEAR**	*2020*

DATE (Yr-Mth-Day) 2011-01-01	LOCATION		DESCRIPTION/ NATURE OF BUSINESS	GENERAL EXPENSES: 302 TRAVEL Standing Committees		302 MEALS		302 OTHER	PROFESSIONAL IMPROVEMENT: 302 TRAVEL PIC		812 CONFERENCES	302 LODGING		302 MEALS		302 OTHER
	FROM	TO		KM	AMOUNT	#	COST	COST	KM	AMOUNT	COST	#DAYS	AMOUNT	#	COST	COST
2020-10-22	home	head office	comm.SEAC ELECTION	25	12,00											
GRAND TOTAL			$ 12,00	25	$ 12,00	X	$ -	$ -		$ -	$ -	X	$ -	X	$ -	$ -

BUDGET CODES

TRAVEL	$ 12,00	203- 1- 51110 - 302
MEALS	$ -	203- 1- 51110 - 302
OTHER	$ -	203- 1- 51110 - 302
	xxx	
	xxx	
PIC - TRAVEL	$ -	203- 1- 55500 - 302
PIC-CONFERENCES	$ -	203- 1- 55500 - 812
PIC -LODGING	$ -	203- 1- 55500 - 302
PIC - MEALS	$ -	203- 1- 55500 - 302
PIC - OTHER	$ -	203- 1- 55500 - 302
*ADVANCE		000-1-01503-000
TOTAL	$ 12,00	-

*** 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

REQUESTED BY:

[redacted]