

## Northeastern Catholic District SCHOOL BOARD TRUSTEE TRAVEL EXPENSE REPORT

		(iviust be suf	millea Will	iin thirty (30) wo	nking a	ays of	mourning expe	ise. Allow	4 weeks to	•	· -		
										Da	ate:		
NAME OF		` ′ [											
		OF FUNCTI											
ACTUAL	DATE	& TIME LEA	AVING:										
ACTUAL	DATE	& TIME RE	TURNIN(	3:				1					
FUNCTION START DATE:								Е	ND DA	TE:			
NUMBER	OF DA	AYS ON TR	IP:					NU	IMBER O	F NIGH	ITS		
(C	ONFE	RENCE, C	ONVEN	ITION, WO	RKSH	HOP,	MEETING	, TRAII	NING, O	THER)			
TRANSP	ORTA	ATION:		_				Less	ser of Pers	onal or I	Rental		
Distance				KM@	KM@ 0.61/KM								
					AIRF	ARE					(	Receipts Ar	
VEHICLE TYP		E			Other	РДІ	RKING, TA	XI GAS	s			Receipts Ar	·
REGISTRATION FEE					Otrici	. 1 / \	iddi <b>v</b> O, 17	<i>J</i> (1, <b>G</b> ) (					
REGISTI	RATIO	N FEE									(	Receipts Ar	e Required
BOARD N	/IEETI	NG MORE	THEN 2	200 KM FR	OM F	RESII	DENCE						
ACCOMMODATION: Number of nig			nights	ghts Total			cost			]			
			nights	ghts			ost						
			mber of	nights		_	Total C	ost		Tota	]		
MEALS:	Date		Total  Breakfast Receipt Total			Lunch Receipt Total			Dinner Receipt Tot			 .T	
	Date	brea				otai Lunc		ch Receipt Total		Diffiner Receipt 10			
	-				_								
					┪┢								
										Total			
										Total			
xpenses to	be Cha	rged to:	To	otal									
	ACCOU	JNT NUMBER	k:										
		. Cali		<b>C</b>		· · · · · ·					Γ		
	Are any	y of these co	st eligible	for reimburs	ement	trom	any otner oi	ganızatı	on, etc.		L		
SPECIAL	NOTE	S:											
		**Dlassa	0 tt 0 alo a		:4:			a +la:a £a.					
	Г			ourse agenda	se agenda, itinerary, lunches, etc. to this form.								
		Originated	by _						Date	:			
		Authorized	d by						Date	:			
			D	esignated Sig	gning /	Autho	ority						