

Reimbursement Claim Form

Month of Expenses	
_____-RB (Year YYYY) (Month MM)	Example: 2019.01-RB for Jan 2019 Expenses

Cheque Payable To:		Payable To Signature:	
Title & School (e.g. Teacher-PCSS):			
Phone Number:			
Address:			
City:		Postal Code:	
Description of Reimbursement:			

G/L Code	GST	Total Amount
TOTAL:	\$	\$

Approved for Payment			
Approval Signature:		Date:	
Title:			

Please submit with receipts single sided to:
 Accounts Payable, School Board Office
 Phone: 250-505-7052 | Email: accounts.payable@sd8.bc.ca