

Travel Claim Form

Month of Travel	
_____-TR (Year YYYY) (Month MM)	Please submit <u>one per month</u> of travel Example: 2019.01-TR for Jan 2019 travel

Employee Name:		Employee Signature:	
Title & School (e.g. Teacher-PCSS):			
Phone Number:			
Address:			
City:		Postal Code:	
Reason for Travel:			

Travel Claim Details

Car: (must complete mileage detail on p. 2) _____ km @ \$.58/km \$ _____
Mileage Costs (travel by private vehicle) - if in lieu of air travel, the maximum amount claimable is limited to the cost of economy air fare between points travelled.

Air: (attach receipts) *Air travel is limited to economy class.* \$ _____

Other: taxi, etc. (attach receipts) \$ _____

Accommodation: (attach receipts - less personal items) \$ _____
Hotel - claim the actual cost of the hotel/motel Government or conference rate, less any personal items charged. Where private lodging is used in lieu of commercial accommodation, employees may claim \$20.00 per diem.

Meals: *Claim per diem rates for meals not provided.*

Dates claimed: _____ Breakfast @ \$10.00 \$ _____

Dates claimed: _____ Lunch @ \$17.00 \$ _____

Dates claimed: _____ Dinner @ \$23.00 \$ _____

Registration: (attach receipt) \$ _____

Other travel expenses: (attach receipts)

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

Approved for Payment			
G/L Code:			
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

