



# Light of Christ Catholic Schools

## Employee Travel Expense Claim Form

*Please keep space blank.*

Attach all original invoices/receipts for meals, lodging & other claims. If receipts are not submitted, this form will be sent back for correction.

Claimant's Name:	School:
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Date	Destination/Particulars	Distance Travelled	Rate per km	Mileage Total	Account Code	\$10/\$18/\$22 Meals	Lodging	Other	Subtotals
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
			0.46						
		<b>TOTALS</b>							

I hereby certify that the total of the above travel expenses are incurred on business for the School Division and that each item of disbursement is correctly given.

CLAIMANT'S SIGNATURE:

DATE:

PRINCIPAL/MANAGERS'S SIGNATURE:

**DIVISION OFFICE APPROVAL:**