

LOCAL TRAVEL EXPENSE CLAIM KILOMETREAGE REIMBURSEMENT

Name		Vanday # FM		
Position		Vendor # EM MI		
- Controll		MI		
School / Dept.		MI		
Bus Telephone Employee #		MA		
YEAR : 20 MONTH:		Budget Account #:		
Kilometres are to be claimed monthly, use a new form for each new month.		Enter applicable 16 digit numeric GL code without dashes.		
Claims in excess of 90 days from month end will not be paid.				
Date of Month	Point of Origin and Point of Destination	Reason for Travel or Expenditure	KMS	Misc. Expenses
			ľ	
			173	
-			-	
			13	
7				
ş 			133	
= ==				
Claimant is responsible for accuracy of data, adding up claim and routing to Supervisor for approval. Attach original receipts where required. Supervisor is responsible to ensure validity of claim and see Budget Officer approval. Budget Officer (if also claimant's supervisor) must affix account number.		Total Kilometerage and Misc. Expenses		
		Rate per KM		
			1	
Certificatio Claimant's S	n: I certify that all expenses incurred above are true and just claimed from other organizations; that they comply with personally paid for them and that I actually incurred or preimbursement is claimed on a kilometre basis. https://section_4000/Documents/4410%20Policy.pdf ignature	n Board Policy 4410 - Travel Expense Reimbursemo paid the operating expenses of the motor vehicle fo	ent, and t or which	hat I
Approval:	Your signature indicates approval as to the appropriate	eness and reasonableness of the expenses being cl	aimed.	
Approver's Signature Date				
Budget Officer Approval		Date		

Distribution: Forward comp Form 6240.4 Rev.2022/02 Courier # 473

Forward completed and approved form, including all original receipts, to Fiscal Management Services