



Vendor # EM
MI
MI
MI
MA
Budget Account #:
Enter applicable 16 digit numeric GL code without dashes.

YEAR : 20 MONTH:

Kilometres are to be claimed monthly, use a new form for each new month.

Claims in excess of 90 days from month end will not be paid.

Certification: I certify that all expenses incurred above are true and just in all respects; are related to Board business, that none have been claimed from other organizations; that they comply with Board Policy 4410 - Travel Expense Reimbursement, and that I personally paid for them and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a kilometre basis. https://www.surreyschools.ca/departments/SECT/PoliciesRegulations/section_4000/Documents/4410%20Policy.pdf

Approval: Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed.

Budget Officer Approval _____ Date _____

Form 6240.4 Rev.2022/02