



Statement of Expense

Frontier School Division - Teaching (In-Service)

Vendor

Office Use Only

Please PRINT and ATTACH RECEIPTS !

Name:	Area:	School:
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Name of the In-Service: _____

In-Service Details: _____

Date of In-Service: _____ Location of In-Service: _____

Traveling From: _____ To: _____

Mileage Claims Car Total Mileage _____ X Rate _____ Total:
Rates: North .45 and South .40

If more than one individual is attending the same event, they must car pool (4 per vehicle).

For multiple vehicle mileage claims, claims will be split by number of people attending divided by 4.

Cost of Fare for Travel: (If paid by the individual) Plane Train Bus Fare:

Accommodations & Meals: (If paid by the individual)

Date	Breakfast (\$10.00)	Lunch (\$15.00)	Supper (\$25.00)	Hotel	Room (\$50)	
						\$0.00
						\$0.00
						\$0.00
						\$0.00

Hotel (if paid by claiming individual) or Room (if individual stayed at a private residence @ \$50/day)

Other Expenses: (If paid by the individual)

Taxi (Attach Receipts):

Registration Fees: (Event Name) _____

Other Expense: (Provide detail) _____

Total Expense Claim:

Employee Signature

Principal's Signature

Area/Division Office Approval Signature

Total Approved Expense:

Budget Codes: _____

Budget Codes: _____