

KPDSB Trustees and Appointed Members Expense Report (Policy 210)
Mileage and Out-of-Pocket Expenses to be Reimbursed

Name/Title of Claimant _____

Mailing Address (with Postal Code) _____

Enter all expenses and attach receipts as required. Enter Board VISA expenses on **2nd page of this form**. **Do not attach Board VISA receipts.**

Meal Limits: B-\$15, L- \$25, S-\$50 Claim actual costs.
 **All receipts required to claim meals
 Meal Allowance B-\$10, L-\$15, S-\$22.50 - no receipts required

| Date m/d/y | Purpose/Details of Travel or Expenses | Vehicle (kms) | Air, Rail Bus, Taxi | Accomm. Hotel, etc. | Meals | Other (Specify) | Total | |
|-------------------------------|---------------------------------------|---------------|---------------------|---------------------|-------|-----------------|-------|--|
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| | | | | | | | | |
| Total kms this claim | | | | | | | | |
| Cumulative kms - prior claims | | | | | | | | |
| Cumulative kms to date | | | | | | | | |

Vehicle Per-Kilometre Rates are based on the CRA prescribed rate in Section 7306 of the Income Tax Regulations.

Kms @ **\$0.61**

Kms @ **\$0.55**

x **\$0.61**

x **\$0.55**

Total Vehicle Claim

----->

Total Expense Claim

Less (Identify)

Balance due to Claimant (or to KPDSB)

This is to certify that the expenses reported herein were incurred on KPDSB business.

Date _____

X _____

Signature of Claimant

Approving Authorities - Routing

| <u>Claimant</u> | <u>1 Compliance</u> | <u>2 Approves Pymt</u> |
|------------------------|---------------------|------------------------|
| Board Chair: | Supt of Business | DOE |
| Trustee: | KPDSB Chair | KPDSB Chair |
| Committee Member: | KPDSB Chair | KPDSB Chair |
| School Council Member: | Principal or SOE | SOE |

1 CERTIFIES POLICY 210 COMPLIANCE

X _____

Signature

2 APPROVAL FOR PAYMENT

X _____

Signature

Accounting Distribution (Balance due to claimant amount above)

| Account Code | Amount |
|--------------|--------|
| | |
| | |
| | |

After obtaining approval, forward via email to Finance (Kenora) for reimbursement

KPDSB Trustees and Appointed Members Board VISA Summary of Expenses

VISA Related Expenses associated with Expense Claim

Name/Title of Claimant _____

Enter all **VISA expenses** associated with attached Expense Claim. **Do not attach purchasing card receipts.**

Meal Limits: B-\$15, L-\$25, S-\$50 Claim actual costs.

**All receipts required to claim meals

Meal Allowance B-\$10, L-\$15, S-\$22.50 - no receipts required

| Date m/d/y | Purpose/Details of Travel or Expenses | Air, Rail Bus, Taxi | Accomm. Hotel, etc. | Meals | Other (Specify) | Total |
|---------------|---------------------------------------|------------------------|------------------------|-------|--------------------|-------|
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Total VISA Expenses