KPDSB Expense Report and Claim (Policy 602)
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-$20, S-$50 Claim actual costs.
**All receipts required to claim meals
Meal Allowance B-$10, L-$12.50, 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
	Total kms this claim				Total Out-of-Pocket Expenses (A)		
	Cumulative kms - prior claims						
	Cumulative kms to date						

Vehicle Rates: $0.54/km for up to 5,000 km/yr & $0.48/km for excess kms; $0.10/km for personal vehicle used when KPDSB vehicle available

Kms @ $0.54		x $0.54 =	
Kms @ $0.48		x $0.48=	

Total Vehicle Claim (B) ----------> _____

Total Expense Claim (A + B) _____

Less (Identify)_____ _____

Balance due to Claimant (or to KPDSB) _____

p

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

Date _____

x

Signature of Claimant

APPROVAL FOR PAYMENT

x

Signature

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

Accounting Distribution (*Balance due to claimant* amount above)

Account Code	Amount

KPDSB Expense Report and Claim (Policy 602)

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-$20, S-$50 Claim actual costs.

**All receipts required to claim meals

Meal Allowance B-$10, L-$12.50, 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