INTERLAKE SCHOOL DIVISION

Employee Mileage/Expense Reimbursement Form

NAME: Date	SCHO	OL: EMPLOYEE #	EMPLOYEE #		
	Location	Purpose of Trip: Dept./Budget to be charged	Distance		
		Total Kilometers			
		Total @ \$.53 cents/km	\$		
		(effective July 1, 2022)			
	MISC EXPENSES:		\$		
	Please attach original receipt		\$		
			\$		
			\$		
			\$		
			\$		
		TOTAL	\$		

I certify that this is a true and correct statement of expenses incurred by me entirely on the business of the Interlake School Division.

Employee Signature:______ Secretary-Treasurer's Approval:______

Supervisor's Approval:

Office use only V #	_	Inv #		_ Date	9	Total \$
FUND	OBJECT	FUN.	PROG	LOC	GST CODE	AMOUNT
1		00				
1		00				
1		00				