

**THE KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**  
**TRAVEL REIMBURSEMENT FORM**  
original receipts to accompany all claims

Site	Name	Empl#	Month	Year
Address		Postal Code:		

Date	Description	# Km.	Meals \$	Parking \$	Accom. \$	PD Registration \$	Notes
	From                      To						
Totals carried forward from reverse side							
TOTAL KILOMETRES							
Times Rate \$		0.46					
<b>TOTAL \$</b>							<b>TOTAL</b>

MILEAGE						OTHER EXPENSES					
ACCOUNT CODE	XX	XXX	X	XXX	XXX	ACCOUNT CODE	XX	XXX	X	XXX	XXX
Km\$						Meals/Parking/Accom. \$					
PD Academic \$						PD Academic \$					
PD Non-academic \$						PD Non-academic \$					

**MUST COMPLETE ACCOUNT CODE SECTION**

REIMBURSEMENT (other expenses - maximum of \$200.00 per item including tax)							ACCOUNT CODE			Amount
Date	Vendor/Description/Purchasing Approval #	XX	XXX	X	XXX	XXX				
Total reimbursement - other expenses										

<b>GRAND TOTAL REQUESTED</b>	
------------------------------	--

Authorization	Signature of Claimant	Position of Claimant
---------------	-----------------------	----------------------

