Wild Rose Public Schools

Personal Expense Claim

NAME OF CLAIMANT: _____

ADDRESS: _____

_____

Per km.	**$ 0.47**
Breakfast	**$ 9.00**
Lunch	**$ 12.00**
Dinner	**$ 20.00**

DATE	DESCRIPTION	MILEAGE		MEALS				LODGING EXPENSE	OTHER EXPENSE
		km	$	B	L	D	$	$	$
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
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			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
			$0.00						
Town Travel			$0.00						
TOTALS			$0.00				$0.00	$0.00	$0.00

I hereby certify that the whole of the expenditures were incurred on School Division business and that amounts claimed have not been previously paid to me or on my behalf.

Total Claim $0.00

G/L DISTRIBUTION

_____ _____ _____

Signature of Applicant **Approval** **Date**