Teaching
STATEMENT OF EXPENSE

FRONTIER SCHOOL DIVISION
Excellence and Experience in Education

Please Print and Attach All Receipts

EMPLOYEE NUMBER
Found at the bottom of pay stub

Name: _____ Area: _____ School: _____

Name of In-service: _____

In-service Details: _____

Date of In-service: _____ Location of In-service: _____

Traveling From: _____To: _____

Mileage Claims   **Car**   **Total Mileage:** _____ **x Rate** _____ **Total:** _____

Rates: North .55 and South .50

> **If more than one individual is attending the same event, they must car pool (4 per vehicle). For multiple vehicle mileage claims, claims will be split by number of people attending divided by 4.**

Cost of Fare for Travel: (if paid by the individual)   **Plane**   **Train**   **Bus**   **Total:** _____

Accommodation & Meals: (if paid by the individual)

Date	Breakfast $11.50	Lunch $16.00	Supper $30.00	Hotel	Room $50.00	Total

Hotel (if paid by claiming individual) **or Room** (if individual stayed at a private residence @ $50.00/day)

Other Expenses: (if paid by the individual)

Taxi (Attach Receipts):   _____

Registration Fees: (Event Name)   _____   _____

Other Expenses: (Provide Details)   _____   _____

_____   _____

_____
Employee Signature

_____
Principal Signature

_____
Area/Division Office Signature

TOTAL EXPENSE CLAIM: _____

TOTAL APPROVED EXPENSE CLAIM: _____

Budget Code:	
Budget Code:	