

## Board of Education of School District No. 64 Administrative Practice - Form

## AP B1 Travel Expense Claim - Form

Form Updated: February 3, 2025

Travel claims will be paid in accordance with Board Policy and BCSTA approved rates. Original receipts are required except for per diem meal allowance.

| SD 64 Employee Travel Expense Claim                                     |                                                    |             |  |  |
|-------------------------------------------------------------------------|----------------------------------------------------|-------------|--|--|
| NAME:                                                                   |                                                    | DATE:       |  |  |
| Date of travel                                                          |                                                    |             |  |  |
| То                                                                      |                                                    |             |  |  |
| Purpose                                                                 |                                                    |             |  |  |
| Approved by                                                             |                                                    |             |  |  |
| Mileage \$0.72/km*                                                      |                                                    |             |  |  |
| Ferry                                                                   |                                                    |             |  |  |
| Meals: (\$67 full day)** Breakfast \$15.00 Lunch \$20.00 Dinner \$32.00 |                                                    |             |  |  |
| Hotel                                                                   |                                                    |             |  |  |
| Other fares                                                             |                                                    |             |  |  |
| Other expenses                                                          |                                                    |             |  |  |
|                                                                         |                                                    |             |  |  |
|                                                                         |                                                    |             |  |  |
|                                                                         |                                                    |             |  |  |
| Total                                                                   |                                                    |             |  |  |
| Net claim or refund                                                     |                                                    |             |  |  |
| I hereby certify that the                                               | above expenditures wer ool Act and that I will not |             |  |  |
|                                                                         | A                                                  | pproved by: |  |  |
| Signature of claimant                                                   |                                                    |             |  |  |
| 4:£                                                                     | GL Code: _                                         |             |  |  |
| *if more space is required                                              | d for mileage, please use b                        | ack of form |  |  |

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- \*\* Employees must not claim for meals that were provided. To claim meals, travel status outside the District catchment area must:
  - begin before 7 am on the date of departure to claim breakfast
  - begin before 12 pm on the date of departure to claim lunch
  - end after 6 pm on the date of return to claim dinner

| Additional Mileage Claim Expense Claim |      |       |      |  |
|----------------------------------------|------|-------|------|--|
| NAME:                                  |      | DATE: |      |  |
| DATE                                   | FROM | ТО    | KM * |  |
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|                                        |      |       |      |  |

\* BCSTA current mileage rate is \$0.72/km

| GL Code: |  |
|----------|--|
| GL Code: |  |

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