



AP B1 Travel Expense Claim - Form

Form Updated: May 1, 2026

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			
To			
Purpose			
Approved by			
Mileage \$0.73/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			
<p>I hereby certify that the above expenditures were incurred on authorized district business in accordance with the <i>School Act</i> and that I will not otherwise be reimbursed.</p> <p>_____ Approved by: _____</p> <p>Signature of claimant</p> <p style="text-align: right;">GL Code: _____</p> <p><i>*if more space is required for mileage, please use back of form</i></p>			

