

EMPLOYEE EXPENSE CLAIM FORM

602.9AP Exhibit 1

Buffalo Trai	Claimant						
SCHOOLS	School					Date (MM/DD	D/YYYY)
Mileage Claim							
MM/DD/YY Destination & Purpose:				Klm	ı:	Rate:	Total:
			Total:				
		An original receipt must	be provid	led for eac	ch expe	nse claimed other	than meal allowances.
Expense Clain	n		Meal A	Allowance	es*	Re	eceipts
MM/DD/YY Description			B \$15	\$20	\$ \$25	GST Paid:	Total (including GST):
	•						
							_
							
		Tota					
		Tota				Authorized Cl	
Account Code:		Tota				Authorized Cl GST Paid:	aim:
Account Code:		Tota					
Account Code:		Tota					
Account Code:		Tota					
Account Code:		Tota					

^{*}Breakfast: if you leave your school community before 7:00 a.m.

^{*}Supper: if you return to your school community after 7:00 p.m.