

CHINOOK'S EDGE SCHOOL DIVISION EXPENSE CLAIM FORM



FULL Name:
PERIOD Covered:

Home Address:
****REQUIRED****
School / Dept and Postion:

Date	Description/Destination/ Purchased from	Actual KMS	Claim .59 x Kms <small>Jan 1/21</small>	Other Expense	TOTAL	GST Amount	GST I,E,B	G/L Code	Project Code <small>if applicable</small>
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
			-		-				
Total			\$ -	\$ -	\$ -	\$ -			

**PLEASE ENSURE ALL
ITEMS ARE
PROPERLY CODED**

Signatures certify that the whole of these expenditures were legitimately incurred on school division business and that amounts claimed have not previously been paid on behalf of claimant or by claimant.

PAYMENT WILL ONLY BE ISSUED WITH ALL RECEIPTS ATTACHED

GST DEFINE: I = Included, E = Exempt, B = Books

Signature of Claimant

Approval Signature