

TRUSTEE CONFERENCE/WORKSHOP/OVERNIGHT MEETING REIMBURSEMENT FORM

**AFTER ATTENDING THE CONFERENCE/WORKSHOP/OVERNIGHT MEETING,
SUBMIT APPLICATION FOR APPROVAL TO: *The Chief Financial Officer***

*Request for payment must be submitted within **30 days after completion date** of conference/workshop.*

**All Electronic Records must be in PDF Format.
HANDWRITTEN submissions will NOT be accepted.**

TRUSTEE EXPENSE AND REIMBURSEMENT POLICY

RESET

TRUSTEE NAME:		EMPLOYEE NUMBER:	
HOME ADDRESS:			
REQUEST FOR PAYMENT			
NAME OF CONFERENCE/WORKSHOP/OVERNIGHT MEETING:			
DATE(S):		COMBO CODE TO CHARGE	
ACTUAL COSTS INCURRED <i>(All original receipts are to be attached)</i>			AMOUNT
REGISTRATION FEES PAID PERSONALLY			
MILEAGE _____ @70¢/KM <i>(Attach Google Maps)</i>			0.00
TRAVEL BY OTHER MEANS			
ACCOMMODATION/HOTEL FOR _____ NIGHTS <i>(Includes Hotel and Parking)</i>			
PARKING <i>(If not included in hotel receipt)</i>			
MEALS FOR _____ DAYS <i>(Alcohol costs will not be reimbursed)</i>			
OTHER COSTS			
EXPENSE TOTAL			0.00
LESS PERSONAL PORTION OWED TO THE BOARD			
BALANCE DUE TO TRUSTEE			0.00
<i>This is to certify that the above record of my expenses is true and correct.</i>			
TRUSTEE SIGNATURE		DATE	
APPROVAL OF REIMBURSEMENT OF COSTS Original Signatures ONLY			
CHAIRPERSON OF THE BOARD		DATE	
CHIEF EXECUTIVE OFFICER		DATE	
CHIEF FINANCIAL OFFICER		DATE	