

2026 TRUSTEE REIMBURSEMENT OF TRAVEL EXPENSES

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

TRUSTEE EXPENSE & REIMBURSEMENT POLICY

RESET

TRUSTEE NAME		PAGE	OF
EMPLOYEE NUMBER		BASE LOCATION Catholic Education Centre	
HOME ADDRESS			

DATE			FULL/PART DAY		DISTANCE TRAVELLED ON BOARD APPROVED ASSIGNMENTS			
DD	MM	YR	FULL	PART	FROM LOCATION	TO LOCATION	REASON FOR TRAVEL	NUMBER OF KM'S
		2026						
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		2026						
SUBTOTAL KM (for this page)								0.00

CERTIFICATION Original Signatures <u>ONLY</u>		
I HERE CONFIRM THE ABOVE INFORMATION ON TRAVEL COSTS IS CORRECT.	TOTAL KM 0.00 @.70/km	0.00
TRUSTEE SIGNATURE	REIMBURSEMENT OF OTHER COSTS (attach original receipts)	
COMBO CODE	DATE	TOTAL AMOUNT OF REIMBURSEMENT 0.00

APPROVALS Original Signatures <u>ONLY</u>	
CHAIRPERSON OF THE BOARD	DATE
CHIEF EXECUTIVE OFFICER	DATE
CHIEF FINANCIAL OFFICER OR DESIGNATE	DATE