



2025

TRUSTEE REIMBURSEMENT OF TRAVEL EXPENSES

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

TRUSTEE EXPENSE & REIMBURSEMENT POLICY

Form with fields: TRUSTEE NAME, EMPLOYEE NUMBER, HOME ADDRESS, BASE LOCATION (Catholic Education Centre), PAGE OF

Table with columns: DATE (DD, MM, YR), FULL/PART DAY, FROM LOCATION, TO LOCATION, REASON FOR TRAVEL, NUMBER OF KM'S. Includes a SUBTOTAL KM row at the bottom.

CERTIFICATION section with fields: I HERE CONFIRM THE ABOVE INFORMATION ON TRAVEL COSTS IS CORRECT., TRUSTEE SIGNATURE, COMBO CODE, DATE, TOTAL KM, REIMBURSEMENT OF OTHER COSTS, TOTAL AMOUNT OF REIMBURSEMENT.

APPROVALS section with fields: CHAIRPERSON OF THE BOARD, DIRECTOR OF EDUCATION, SUPERINTENDENT OF BUSINESS AND FINANCIAL SERVICES OR DESIGNATE, each with a DATE field.