School District No. 50 (Haida Gwaii/Queen Charlotte)

MONTHLY TRAVEL EXPENSE CLAIM

DATE		TO/FROM	REASON	RETURN KM	$ AMOUNT
Month	Day				
Total					

GST_____

Signature of Applicant_____ Manager Approval_____

Date_____ **Code:**_____

NOTE: This form is to be completed ONLY if you are travelling on a regular basis during the month.