LIMESTONE DISTRICT SCHOOL BOARD

Monthly Expenses Reimbursement Form

Name: _____ _____:Month/Year

School: _____ _____:Employee ID. #

Position: _____ _____:Collective Agreement

Daily Reimbursement Rates for Meals (MAXIMUM) see Policies & Procedures for more information

Breakfast - $12.42	Lunch - $15.02	Dinner - $27.45

DATE mm/dd	Particulars	DISTANCE km	ACCOMMO-DATION	MEALS	OTHER	TOTAL

ACCOUNT CODE(S)

Amount	Code
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL km

TOTAL EXPENSES	
@ .42¢ per km	
GRAND TOTAL	

I hereby certify that the above expenses were incurred by me while on business for the Limestone District School Board and if I am using my personal vehicle, I carry at least $1,000,000 Third Party Liability insurance

Signature:_____

APPROVAL BY SUPERVISOR _____

Revised Feb 17, 2010