



TRAVEL AND CONFERENCE REIMBURSEMENT

Name _____

School _____

* Accommodation: _____ Nights @ _____ /Night = _____

Personal Vehicle: _____ Kms @ _____ /Km = _____

Sustenance: _____ Days @ _____ /Day = _____

* Air Fare: _____

* Registration Fee: _____

*** Original Receipts Required**

Total Travel and Conference: _____

Additional Information : (ie: Conference, Location, Dates)

Signature of Claimant: _____ **Date:** _____

Account Number : _____
Folio (Account) Facility Project

Signature of Budget Manager for Travel: _____

(Send to Lissa Sysing - Board Office)