Red Deer Catholic Regional Schools

EXPENSE CLAIM REIMBURSEMENT
BOARD OF TRUSTEES

Cheque Payable To: Adriana LaGrange
(Trustee Name)

DATE: Sept 1/2017

Enter information in yellow cells

ITEMIZED RECEIPT OF PURCHASES MUST BE PROVIDED TO OBTAIN RE-IMBURSEMENT

A: RECEIPTS

Date	Vendor	Description (Meals / Registration / Other)	RECEIPT TOTAL (includes GST & HST)	GST & HST	Unit Amount
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
			$ -	$ -	$ -
		Total A:	$ -	$ -	$ -

B: MILEAGE

Date	Own Auto KMS	Monthly Rate KMS	Total	GST	Unit Amount	Explanation / Function
June 29, 2017	198 Km	0.50	$ -	$ -	$ -	Grad Mass in Rocky Mtns House
	0	0.50	$ -	$ -	$ -	
	0	0.50	$ -	$ -	$ -	
	0	0.50	$ -	$ -	$ -	
	0	0.50	$ -	$ -	$ -	
		Total B:	$ -	$ -	$ -	

UNIT	Total (A+B	$ 94 - 29
GST/HST	Total (A+B	$ 4 - 71
TOTAL CLAIM / CHQ:		$ 99 - 00

6510 - 41 —— 03509 — 80

Inv #
JUNE/17 - MILEAGE