

# COACHES

## SCHOOL DISTRICT NO. 51 (BOUNDARY) Travel and Expense Warrant

Name: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### MEALS:

Breakfast	_____	@	7.00	=	_____	-
Lunch	_____	@	10.00	=	_____	-
Dinner	_____	@	15.00	=	_____	-

### MILEAGE COSTS:

km: \_\_\_\_\_ @ 0.50 = \_\_\_\_\_ -

### LODGING: (Attach Receipts)

Hotel Name: \_\_\_\_\_

# Of Days: \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ -

### OTHER APPROVED EXPENSES (Attach Receipts):

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL EXPENSES: \_\_\_\_\_ -

ADJUSTMENTS: \_\_\_\_\_

**TOTAL CLAIM:** \_\_\_\_\_ -

CLAIMANT'S SIGNATURE: \_\_\_\_\_

AD SIGNATURE: \_\_\_\_\_

AO SIGNATURE: \_\_\_\_\_

B/O SECRETARY TREASURER: \_\_\_\_\_

ACCOUNT:

102-33000-1