

## SAC Member Expense Claim Form

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

This form is for SAC member expense reimbursement only (including mileage). Original receipts must be attached, and this form must be signed by the SAC member submitting the claim, the SAC chair and school Principal. The original form must be submitted for processing. SAC related mileage claimed by SRCE employees must be submitted for reimbursement through the normal practice and cannot be claimed using this form.

SAC Member Name: \_\_\_\_\_

School Name: \_\_\_\_\_  
 Month of: \_\_\_\_\_

**Mileage:** Rate is \$0.4415 per KM for the 2018-19 fiscal year

Date	Travel From	Travel To	Km	Reason

0 Total Kilometers

**Expenses submitted for reimbursement and accompanied by receipts:**

Date	Description	Amount	Paid To

\$ - Total

SAC Member Signature \_\_\_\_\_ Date \_\_\_\_\_

SAC Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

School Principal Signature \_\_\_\_\_ Date \_\_\_\_\_