INTERLAKE SCHOOL DIVISION

Employee Expense Reimbursement Form

Date	Location	Purpose of Trip	Distance Driven
		Total Kilometers	
		Total @.53 cents/km (effective July 1, 2022)	$
	MISC EXPENSES:		$

I certify that this is a true and correct statement of expenses incurred by me entirely on the business of the Interlake School Division.

Employee Signature:_____ Secretary-Treasurer's Approval:_____

Supervisor's Approval:_____