



## **Single Event Expense Report**

## Annapolis Valley Regional School Board

P.O. Box 340, Berwick, NS B0P 1E0 Phone: 538-4600; Fax: 538-4630

Employee Name:  Title/Classification:					Employee ID#:				
									Date
				Adva	l nces and Charges t	to Board (De	l ductions if any)		
						GRAND TOTAL			
<ol> <li>Travel in</li> <li>Under n when the meals is</li> </ol>	n excess of the ormal circumst e employee is \$45 (breakfas	e distance to an ances, expense required to work t \$10, lunch \$15	nd from your resides for accommodes two or more how and dinner \$20.	ffice or worksite shadence and your des dation and meals will burs beyond the norrol. Original receipts onth to the administra	ignated office or v I only be reimburs mal work day. Cu s are required.	vorksite ma sed for trave rrently the p	y be claimed. el outside the R per diem Board	egion, or	
EMPLOYEE SIGNATURE:						DATE:			
VERIFICATION	ON OF IMMEDIA	ATE SUPERVISO	NR.						
VERIFICATION OF IMMEDIATE SUPERVISOR:						Print name			
APPROVED	BY EVENT ADN	MINISTRATOR:		Signature		Prin	t name		
ACCOUNT NUMBER(S) TO BE CHARGED:						DATE:			

Revised: April 1, 2018