



COMMUNITY COLLEGE-NORTHERN INLAND INC.

Claim for Reimbursement of Travel or Expenses

NAME

POSITION

Reimbursement for travel

DATE

TIME DEPART **TIME RETURNED**

DESTINATION From **To**

TOTAL KM's for return trip

RATE OF REIMBURSEMENT

PURPOSE OF JOURNEY

PROGRAM

Reimbursement of Expenses

DATE OF PURCHASE

PURCHASE

.....

.....

PROGRAM

Please attach docket/receipts

Signature of claimant

Date

Total of claim

Authority to Pay

Signature

Signature

Cheque No.

Date