



File DLD-E3

PORTAGE LA PRAIRIE SCHOOL DIVISION
TRAVEL CLAIM

MONTH _____ NAME _____

EMPLOYEE'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____

This log must be fully completed by employees claiming mileage for School Division business and submitted to the Division Office monthly according to the Accounts Payable cut-off date.

DATE	DESTINATION	DISTANCE - KM	PURPOSE OF TRIP
Total KM -			

FOR DIVISION OFFICE USE ONLY			
_____	x	_____	= _____
KM		Rate	Amount