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