



**VANCOUVER ISLAND WEST SCHOOL DISTRICT 84**

PO Box 100, #2 Highway 28, Gold River, BC V0P 1G0  
 Telephone 250-283-2241 / Fax 250-283-7352

**STUDENT TEACHER  
 EXPENSE CLAIM FORM**

Claimant:	Address:
School Placement:	
Expenses incurred from:	to:

***Please attach expense receipts to the back of this form.  
 Only the expenses supported by receipts will be reimbursed.***

		TOTAL COST
ACCOMMODATION:	No. of Nights: @ :	
MEALS:		
PUBLIC CARRIER:	Airline:	
	Bus:	
	Ferry:	
	Taxi:	
VEHICLE EXPENSES:	Gas/Oil:	
	Rental Charges:	
<b>TOTAL EXPENSE CLAIM:</b>		

***I certify that the expenses claimed above are in accordance with the information provided, and that no other reimbursement will be received by me with respect to this claim.***

Claimant: \_\_\_\_\_  
*Signature*

Authorized by: \_\_\_\_\_  
*Superintendent of Schools/Secretary-Treasurer*

GL Code: _____
Extension Check: _____
Vendor Number: _____

