



# The Board of Education of School District No.84 (Vancouver Island West)

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



## INTERVIEW EXPENSE CLAIM FORM

Claimant:	Address: City: Province: Postal Code:
Job Posting:	Location of Interview: Date of Interview:
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: _____	