



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 expenses 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:	
TOTAL EXPENSE CLAIM:		

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

Claimant: _____
Signature

Authorized By: _____
Superintendent of Schools/Secretary Treasurer

GL CODE:	
CHECK EXTENSION:	
VENDOR NUMBER:	