



School District 84 Vancouver Island West

Box 100, #2 Highway 28, Gold River, BC V0P 1G0

Office: 250-283-2241 Fax: 250-283-7352

www.sd84.bc.ca

MOVING EXPENSE CLAIM FORM FOR TEACHERS

NAME: _____

ADDRESS: _____

GAS RECEIPTS:

	<u>DATE</u>	<u>AMOUNT</u>

FOOD RECEIPTS:

	<u>DATE</u>	<u>AMOUNT</u>

SHIPPING OF FURNITURE & PERSONAL BELONGINGS:

	<u>DATE</u>	<u>AMOUNT</u>

<u>TOTAL:</u>	X 60%
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TOTAL PAYMENT TO TEACHER: _____

APPROVED: _____

REIMBURSEMENT WILL BE IN ACCORDANCE WITH THE COLLECTIVE AGREEMENT. RECEIPTS ARE REQUIRED.

Please submit this form and your receipts to the School Board Office. Thank you.