

How to use YK1's fillable Expense Claim Forms

- 1. Download a copy to your computer
- 2. Click "Save As" and rename the file
- 3. Fill in all necessary fields
- 4. Do not fill in the "Office Use Only" grey fields
- 5. Save the file
- 6. Print off and sign/date
- 7. Submit to school or district office with original receipts attached
- 8. Always use a new form for each expense claim submitted. DO NOT EDIT AN OLD EXPENSE CLAIM FORM.

* Please attach Original Receipts *

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		(EC - IIISe	it date expense Ciaim signed by Ciaimant
First Name		Last Name	
Address			
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*PD EXPENSE

*Approved PD Leave Request form with conference agenda/program **MUST** be attached for reimbursement

Date Y/M/D

Claimant Signature

*MEDICAL TRAVEL

Approved/Completed Medical Travel form MUST be attached for reimbursement

Department (SJF only):

		OFFICE USE ONLY					
DATE-Y/M/D	EXF	PENSE DESCRIPTION			ACCOUNT NUMBER	GST (from receipt)	AMOUNT (Including GST)
OFFICE USE ONLY ACCOUNT CODES:		GST per Account Code		Accou	Account Code Total (including GST)		
							1
1 All receir	ite must ha attach	ned & claim signed	hefore annroy	al for nave	TOTAL GS		
		omitted PRIOR to th				AND TOTAL	
					-		

Verified by:

Approved by:

Date Y/M/D