

Committed to the success of every student

					Employee ID #			7					
Employee Nar	me:	Employee Group #			Vehicle Allowance Claim								
								Milage claim	ns are expecte	ed to be submitted	in a timely man	ner.	
		Date Submitted:			Final claim for the year must be submitted by September 15th.								
Location:		1/5/2023				,							
Date (MM/DD/YYYY)	Odo	meter	Km	Des	tination	Round	Date	Odometer		Km	Destination		Round
	Out In			From	То	Trip	(MM/DD/YYYY)	Out	In		From	То	Trip
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
			0							0			
Sub Total 1 0							Sub Total 2		0				
								Sub Total 1		0			
								Total		0			
Combo Code :					<u> </u>	0 km @ \$	0.68	\$0.00	<u> </u>				
					Total Claim			\$0.00)				
									_				
					rsed at the posted			or the first 5,0	00km and \$0.	62/km thereafter).			
NOTE: This v	ersion of the \	ehicle Allov	vance Claim is to	be used for m	ilage claimed as	of January	1, 2023						
I hereby certify th	e following:												
1)	The kilometers travelled as reported above were in connection with Board business.												
2)	That I am insured for the use of my motor vehicle under a standard automobile policy for third party liability and including passenger hazard to a limit of not less than \$1,000,000.												
3)	My insurance Agent is aware of the fact that I am presently using my vehicle on Board business. I agree to maintain this minimum coverage at all times while using my vehicle on Board business.												
	Employee Signature				_	•	Direct Supervisor						