



VANCOUVER ISLAND WEST SCHOOL DISTRICT 84

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:
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:	
TOTAL EXPENSE CLAIM:		

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

GL Code: _____
Extension Check: _____
Vendor Number: _____

Secretary-Treasurer