FACULTY OF EDUCATION

TRAVEL EXPENSE FORM FOR STUDENTS ON FIELD EXPERIENCE

Name: _____ Date: _____

Address: _____ (address where cheque will be sent)

_____

DATE	FROM (Place of Origin)	TO (School)	RATE Single student in excess of 50 km (Return) @ $.10	RATE Approved Driver and at least one other student @ $.21	Kilometers	Total
TOTAL CLAIM						

Signature of Claimant: _____

Approved by Walter Duggan, Coordinator of Field Experience _____

Approved by Dan Robinson, Chair Bachelor of Education Program _____

Charge to School of Education Account Number 62207-6005 **Revised December 2016**