



SCWI Grand Connections RPT 7 Expense Reimbursement Form

Name of Applicant:		Email Address:	
Student No: (if applicable)		Home Phone Number:	
Home Mailing Address:			
School Board Name			
School Name:			
School Address:			

Expenses

Date	Description of Expenses	Mileage ⁽¹⁾		Meals ⁽²⁾	Parking ⁽³⁾	Miscellaneous ⁽⁴⁾	Summary	
		KM	at \$.45				Sub Total 1:	
			\$0.00				Sub Total 1:	\$0.00
			\$0.00				Sub Total 2:	\$0.00
			\$0.00				Sub Total 3:	\$0.00
			\$0.00				Sub Total 4:	\$0.00
			\$0.00					
			\$0.00					
			\$0.00					
			\$0.00					
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			\$0.00					
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			\$0.00					
			\$0.00					
			\$0.00					
			\$0.00					
Sub-Totals			\$0.00	\$0.00	\$0.00	\$0.00	Total:	\$0.00

Signature of Applicant		Date:	
		Total Amount claimed:	\$0.00
Approval:			
Account Number: (for finance department)	Cost Centre & Object Code		

Send Forms to:
 Rosie Hessian, SCWI Conestoga College 299 Doon Valley Drive Kitchener, Ontario N2G 4M4
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