

Form 501-2

**NORTHERN LIGHTS SCHOOL DIVISION #113**

WEEKLY STATEMENT OF TRAVEL EXPENSES

Name ..... Position ..... Headquarters .....

Date (Month) (Year)	PLACE AND TIME		Mode of Travel	Total Mileage	Vehicle Charges (PVT. or Bd.)	MEALS			Bed	Other Expenses	Daily Total
	FROM	TO				Breakfast	Dinner	Supper			
MONDAY	Place: Departure Time .....	Place: Arrival Time .....									
TUESDAY	Place: Departure Time .....	Place: Arrival Time .....									
WEDNESDAY	Place: Departure Time .....	Place: Arrival Time .....									
THURSDAY	Place: Departure Time .....	Place: Arrival Time .....									
FRIDAY	Place: Departure Time .....	Place: Arrival Time .....									
SATURDAY	Place: Departure Time .....	Place: Arrival Time .....									
SUNDAY	Place: Departure Time .....	Place: Arrival Time .....									
TOTAL											

Certified Correct

Approved for Payment

\_\_\_\_\_  
(Employee's Signature)

# WORK TABLE

(BRIEF DESCRIPTION OF WORK PERFORMED)

	HOUSING 204	SCHOOL 205	CAPITAL	TOTAL HOURS
MCNDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL				

CERTIFIED CORRECT \_\_\_\_\_  
(Employee)