

## LKETFO Mileage Request for Reimbursement 2010 - 2011

Name \_\_\_\_\_  
 School \_\_\_\_\_



### A) Kilometrage @ \$0.45 per Km

Date	Particulars, including to/from	km	rate	Cost
1			0.45	
2			0.45	
3			0.45	
4			0.45	
5			0.45	
6			0.45	
7			0.45	
8			0.45	
9			0.45	
10			0.45	
			<b>Total A</b>	

### B) Additional Passengers @\$ 0.05 per km

Date	Number of passengers, to/from	km	rate	Cost
1			0.05	
2			0.05	
3			0.05	
4			0.05	
5			0.05	
6			0.05	
7			0.05	
8			0.05	
9			0.05	
10			0.05	
			<b>Total B \$</b>	
<b>Sum of A and B \$</b>				

Claimant Signature \_\_\_\_\_

Denis Leclerc, Local Treasurer

Cheque No.
Date Paid
<b>All Claims Due June 15, 2011</b>

**Please submit in one of the the following ways:**

- 1 Please attach to an email addressed to Denis Leclerc, Local Tresurer, at [lketfotreasurer@hotmail.ca](mailto:lketfotreasurer@hotmail.ca)
- 2 Please Send Claims via Board Mail to the attention of Denis Leclerc, Local Treasurer, LKETFO Office Wallaceburg, Ontario