



District Parents' Advisory Council  
(DPAC)  
SD8 Kootenay Lake

**School District No. 8  
(Kootenay Lake)**  
Nelson Office:  
570 Johnstone Road  
Nelson, BC V1L6J2  
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[www.sd8.bc.ca](http://www.sd8.bc.ca)

**Kootenay Lake DPAC Expense Form**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Purpose – Please attach receipts:  
Expenses must be approved prior to submission

Advertising \$ \_\_\_\_\_  
 Conference Costs: \_\_\_\_\_  
     Food \$ \_\_\_\_\_  
     Hotel \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 BCCPAC \$ \_\_\_\_\_  
 Childcare \$ \_\_\_\_\_  
 Meetings \$ \_\_\_\_\_  
 Mileage \$ \_\_\_\_\_  
 Office \$ \_\_\_\_\_  
 Other: \_\_\_\_\_  
     \$ \_\_\_\_\_  
     \$ \_\_\_\_\_  
     \$ \_\_\_\_\_  
     \$ \_\_\_\_\_

Travel Subsidy:  
 \$0.45/km  
 Maximum: \$80  
 Minimum Trip: 40km  
 (round trip)  
 Childcare:  
 \$11.35/hr  
 Maximum: 4 hours

Please specify \_\_\_\_\_  
 Please specify \_\_\_\_\_  
 Please specify \_\_\_\_\_  
 Please specify \_\_\_\_\_

**Total Amount of Expense \$ \_\_\_\_\_ Date \_\_\_\_\_**

I hereby certify that this claim is correct and in accordance with the DPAC Policies Manual.

**Signature of Applicant \_\_\_\_\_**

|                   |  |          |  |
|-------------------|--|----------|--|
| For DPAC use only |  |          |  |
| Approved by       |  | Cheque # |  |

## Details of expenses

### Mileage

Mileage \_\_\_\_\_ km

From \_\_\_\_\_ to \_\_\_\_\_

Total \$ \_\_\_\_\_

Mileage \_\_\_\_\_ km

From \_\_\_\_\_ to \_\_\_\_\_

Total \$ \_\_\_\_\_

### Meals:

# of breakfasts \_\_\_\_\_ \$ \_\_\_\_\_

# of lunches \_\_\_\_\_ \$ \_\_\_\_\_

# of dinners \_\_\_\_\_ \$ \_\_\_\_\_

Total Meals: \_\_\_\_\_ \$ \_\_\_\_\_

### Food Purchased for Parent Events:

Event: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

### Other: