



THE UNIVERSITY OF BRITISH COLUMBIA

**Department of Educational & Counselling Psychology,
and Special Education**
Faculty of Education

NAME: _____

SELECT THE TYPE OF MILEAGE FOR CLAIM ▼

Mileage (Kilometers) Claim

Course Supervision Mileage (Kilometers) Claim

If claim is related to course supervision, please provide course number:

CNPS EPSE _____

DATE (dd/mm/yyyy)	FROM / TO Travelled locations	Travelled Distance (km)
TOTAL MILEAGES:		

TOTAL REIMBURSEMENT: @\$0.49/Km X _____ (Km) = \$ _____

SIGNATURE: _____