



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)
<b>TOTAL MILEAGES:</b>		

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

**SIGNATURE:** \_\_\_\_\_