



Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC, V0N 2P0
PH: (250) 949-6618 x 2226 • FX: (250) 949-8792

“Bringing Learning to Life!”

REQUEST FOR ACCOUNTABLE ADVANCE

DATE _____

DATE REQUIRED _____

Name of event _____

Date of event _____

PAYABLE TO:

Name _____

Employee # _____

Home Phone _____

AMOUNT REQUESTED \$ _____

75700

In the event that the purpose for which this advance is made is not carried out to the satisfaction of School District #85, any amount not adequately accounted for or returned to the School District may be deducted from any monies owing to me by the School District.

Signature _____

Applicant

AO/Manager

Secretary-Treasurer or Superintendent

TO THE APPLICANT

This advance must be cleared with a travel claim

Keep a copy of this request. Your AO/Manager must approve this section after you have completed your undertaking. This should then be forwarded with your corresponding travel claim where your advance has been deducted from the total.

Attach a cheque for any balance left unspent

Charge account _____

Amount \$ _____

Approved _____

AO/Manager

Date _____