Student Teacher Supervision Travel Mileage Report Form

Name:	TOTAL Km
Personal ID #: (if available)	
Social Insurance #:	Collaborative Program
Birth Date:	Image: ATEP Image: ATEP <t< th=""></t<>
Home Address:	
Postal Code: Phone Number:	

Please indicate by checking above if the placements are for U of A students in Regional Settings, Collaborative Programs, or in the Aboriginal Teacher Education Program (ATEP). <u>Use separate forms for each</u>.

MILEAGE RATE: Reimbursement will be made at a rate of \$.46 per Km.

U of A Staff Please use the Kilometer Schedule: return trips from the U of A to Edmonton area schools have already been calculated.
 When traveling to more than one school, claim only the distance traveled between each additional school.

OTHER EXPENSES: **Any costs**, other than mileage, must be approved by the Assistant Dean, Field Experiences **before** they are incurred.

RETURN TO: Heather Kennedy-Plant, Undergraduate Student Services, 1-107 Education North, (780) 492-2218 or FAX (780) 492-9496.

Date of Visit	School Name	Distance in Km

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