

Expense Claim Form

(In Province and Out of Province)



Name: _____ Employee ID: _____

Address: _____

Please Specify: In Province: _____ Out of Province: _____

Name of Meeting: _____

Date: _____ **Location of Meeting:** _____

Please attach receipts **where applicable:**

TRAVEL:	AMOUNT
Mileage: _____ kms X _____ cents	\$ _____
Accommodations:	\$ _____
Airfare:	\$ _____
Parking:	\$ _____
Taxis:	\$ _____
Bridge / Ferry / Tolls:	\$ _____
Other:	\$ _____
PER DIEMS and MEALS:	
In Province Meal Allowances:	
Breakfast (s) _____ X \$10.00 = _____	\$ _____
Lunch (s) _____ X \$18.00 = _____	
Dinner (s) _____ X \$25.00 = _____	
Out of Province Meal Allowance (daily rate \$ 75.00): Daily rate \$ 75.00 X _____ days: _____	\$ _____
MISCELLANEOUS EXPENSES:	\$ _____
	TOTAL: \$ _____

Claimant signature

Date

Executive Director/President's signature

Date

1. Kilometres will be paid at the rates **as established from time to time by the Provincial government.**
2. For out-of-province travel, the PEI NursesøUnion will pay kilometerage or air-fare ó whichever is the lesser amount.
3. Representatives are urged to travel together where possible so that kilometerage is paid to one (1) person only.
4. Meal Allowances:

In-Province:

Breakfast: \$10.00
Lunch: \$18.00
Dinner: \$25.00

Out-of Province:

Daily rate of \$ 75.00 (inclusive)

** This form was last revised October 19, 2011.*

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