

P.E.I. NURSES' UNION
Expense Form (In Province and Out of Province)

NAME: _____ EMP. NO. _____

ADDRESS: _____

PLEASE SPECIFY : IN PROVINCE: _____ OUT OF PROVINCE: _____

PLEASE ATTACH RECEIPTS (WHERE APPLICABLE):

DATE(S) OF MEETING: _____

PLACE OF MEETING: _____

NAME OF MEETING (Board, Executive, Specify Other): _____

MILEAGE: _____ kms X _____ cents = \$ _____ MEALS: _____

ACCOMMODATIONS: _____

MISCELLANEOUS EXPENSES: _____

TO BE CHARGED TO EXPENSE LINE (Description): _____

EXPENSE CODE NUMBER (for accounting purposes): _____

ADVANCE REQUEST FOR OUT OF PROVINCE TRAVEL? YES _____ NO _____

TOTAL EXPENSES FOR TRAVEL: _____ OWED TO EMPLOYEE: _____

OWED TO PEINU: _____

Member Signature

Date

Executive Director/President's signature

Date

PEINU USE ONLY:

PAID:

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 Nurses' Union will pay kilometerage or air-fare – 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: \$ 8.00
Lunch: \$15.00
Dinner: \$20.00

Out-of Province:

Daily rate of \$ 75.00 (inclusive)

** This form was last revised March 26, 2009.*

/lh