

# 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:	\$
<b>PER DIEMS and MEALS:</b>	
In Province Meal Allowances:	
Breakfast (s) _____ X \$15.00 = _____	\$
Lunch (s) _____ X \$20.00 = _____	
Dinner (s) _____ X \$30.00 = _____	
Out of Province Meal Allowance (daily rate \$ 85.00):	
Daily rate \$ 85.00 X _____ days: _____	\$
<b>MISCELLANEOUS EXPENSES:</b>	\$
	<b>TOTAL:</b>
	\$

\_\_\_\_\_  
Claimant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director/President's signature

\_\_\_\_\_  
Date