

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_ Location of Meeting: \_\_\_\_\_

Name/Purpose of Meeting: \_\_\_\_\_

CATEGORY (Please attach receipts where applicable):	AMOUNT \$
Mileage: _____ total kms X _____ cents	
Meal Allowance:	
Breakfast (s) _____ X \$15.00 = _____	
Lunch (s) _____ X \$20.00 = _____	
Dinner (s) _____ X \$30.00 = _____	
Ground Transportation:	
Taxis / Parking:	
Miscellaneous Expenses:	
	<b>TOTAL \$</b>

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

**NOTE:**

1. Kilometres will be paid at the rates **as established from time to time by the Provincial government.**
2. Representatives are urged to travel together where possible so that kilometrage is paid to one (1) person only.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Travel Start Date: \_\_\_\_\_ Travel End Date: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Name/Purpose of Meeting: \_\_\_\_\_

CATEGORY (Please attach receipts where applicable):	ESTIMATED AMOUNT \$	ACTUAL AMOUNT \$
Accommodations:		
Airfare:		
Registration:		
Ground Transportation: Taxis/Parking/Bridge/Ferry/ Tolls:		
Mileage: _____ total kms X _____ cents		
Meal Allowance:		
Breakfast (s) _____ X \$15.00 = _____		
Lunch (s) _____ X \$25.00 = _____		
Dinner (s) _____ X \$45.00 = _____		
Miscellaneous Expenses:		
	<b>TOTAL \$</b>	<b>TOTAL \$</b>

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

**NOTE:**

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 kilometrage or air-fare – whichever is the lesser amount.
3. Representatives are urged to travel together where possible so that kilometrage is paid to one (1) person only.