



Prince Edward Island Nurses' Union
Travel Expense Claim Form
Out of Province

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		
Per Diem: \$85 per day _____ X \$85 = _____		
Miscellaneous Expenses:		
	TOTAL \$	TOTAL \$

 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.