



Prince Edward Island Nurses' Union
**Travel Expense Claim Form
 In Province**

Name: _____ Employee ID: _____

Home Mailing Address: _____

Date: _____ Location of Meeting: _____

Name/Purpose of Meeting: _____

CATEGORY (Please attach receipts where applicable):	ESTIMATED AMOUNT \$	ACTUAL 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 / Bridge / Ferry / Tolls / Parking:		
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. Representatives are urged to travel together where possible so that kilometrage is paid to one (1) person only.