

TRAVEL EXPENSE FORM 2020

Name: _____
 Address: _____
 City: _____
 Prov/Postal Code: _____

Purpose of travel: _____
 Destination: _____
 Travel Date(s): _____

TRANSPORTATION (Claim parking under miscellaneous)

Private Vehicle

From: _____ To: _____ km @ \$0.53/km= \$ _____
 From: _____ To: _____ km @ \$0.53/km= \$ _____

Public Transportation (attach original receipts):

From: _____ To: _____ Mode of Transport: _____ \$ _____
 From: _____ To: _____ Mode of Transport: _____ \$ _____

Total Transportation Costs \$ _____

ACCOMMODATION:

Motel/Hotel (attach original guest folio) _____ nights @ \$ _____ = \$ _____

Maximum Interior = \$130.00 Coast = \$140.00 plus taxes

Unless prior approval is obtained or FBCWA has negotiated a rate for meetings.

Private Accommodation _____ nights @ \$ _____ = \$ _____
 (\$30.00/day, no receipt required)

Total Accommodation Costs \$ _____

MEAL ALLOWANCE (Per Diem, no receipts required):

Date	Breakfast Only (\$22.00)	Lunch Only (\$22.00)	Dinner Only (\$28.50)	B&L Only (\$30.00)	L&D or B&D (\$36.50)	Full Day (\$49.00)
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

Total Meal Allowances \$ _____

MISCELLANEOUS: (attach original receipts)

Includes car rental, parking, taxi, bus fares (tips up to a maximum of 15% of fare), telephone/fax, photocopying, etc.
 General tipping- \$2 per occurrence to shuttle drivers, doormen, and baggage handlers.

Description: _____ \$ _____
 _____ \$ _____

Total Miscellaneous Costs \$ _____

TOTAL CLAIMED \$ _____

I certify that this is a true statement of eligible expenses related to Federation business and that I will not be reimbursed for these expenses by any other party.

Signature: _____

Date: _____

Return to: FBCWA c/o Heidi Denney, PO Box 437, Coombs, BC V0R 1M0

For FBCWA Use only

Work Plan Category: _____ Chart of Accounts Code: _____ Cheque #: _____

Verified by: _____ Date: _____ Forward to: _____