

FBCWA TRAVEL EXPENSE FORM

Name: _____

Mailing Address: _____

City: _____ Prov/Postal Code: _____

Purpose of travel: _____

Destination: _____

Travel Date(s): _____

TRANSPORTATION (Claim parking under miscellaneous)

Private Vehicle

From: _____ To: _____ km @ \$0.65/km= \$ _____

From: _____ To: _____ km @ \$0.65/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 = \$160.00 Coast = \$175.00 plus taxes OR rate negotiated for a meeting OR re-approved rate.

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 only \$36.50	Full Day \$49.00

Total Meal Allowances \$ _____

MISCELLANEOUS: (attach original receipts)

Includes car rental, parking, taxi, bus fares (tips up to a max. 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, B.C. V0R 1M0

For FBCWA Use only
 Work Plan Category: _____ Chart of Accounts Code: _____ Cheque #: _____
 Verified by: _____ Date: _____ Forward to: _____