## **BC Union Workers' Union**

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PO Box 80165, Station South Burnaby, BC V5H 3X5

Name:

Address:

Phone:



## **EXPENSE CLAIM FORM**

Note: All expenses must be prior approved

Rates (effective July 1, 2020)									
1)	Meals:	Breakfast: \$20.00;	Lunch: \$22.00;	Dinner: \$31.00					
2)	Hotel: o	vernight incidental:	\$15.00						
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Travel Reimbursement **Receipts Required** 

3) Automobile Expenses: \$0.58 per kilometre

4) Private accommodation: \$55.00 per night (cannot claim incidentals)

DATE: YY/MM/DD	ACCOMMODAT ION AMOUNT	√ B	√ L	√ D	MEAL AMOUNT	CAR AMOUNT	TAXI/CAR RENTAL	AIR COST	FERRY COST	INCIDENTAL EXPENSES	MISC. Expenses	$\begin{array}{c} \text{Receipts} \\ \text{Attached} \\  \end{array}$	EXPLANATION/REASON FOR CLAIM Describe Union Function Attended, Incidental and Miscellaneous Expenses Incurred (Use as many lines as necessary)
TOTALS													
I certify that the above is a true statement of disbursements made by me for the reasons noted above.										Less Advance	-		
Signature Date									TOTAL	+			
Payment Approved By:									OWING:				
(Cignoture)					(Drint No								

(Signature)

(Print Name)

Date Approved: