BC Union Workers' Union

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

_(__)_

Name:

Address:



EXPENSE CLAIM FORM

Note: All expenses must be prior approved

Rates	(effective	July 1,	2023)	
		-		

- <u>Travel Reimbursement</u> Receipts Required
- 1) <u>Meals:</u> Breakfast: \$24.00; Lunch: \$28.00; Dinner: \$40.00 2) Hotel: overnight incidental: \$20.00
- 3) Automobile Expenses: \$0.68 per kilometre

4) Private accommodation: \$100.00 per night (Cannot claim incidentals. No receipt required)

Phone:

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	RECEIPTS ATTACHED √	EXPLANATION/REASON FOR CLAIM Describe Union Function Attended, Incidental and Miscellaneous Expenses Incurred (Use as many lines as necessary)
		-											
TOTALG													
TOTALS											1000		
I certify that the above is a true statement of disbursements made by me for the reasons noted above.							he reasons note	ed above.	Less Advance	-			
Signature Date							TOTAL	+					
Payment Approved By:							OWING:						

(Signature)

(Print Name)

Date Approved: ____