



Caring for First Nations Children Society
664 Granderson Road, Victoria, BC V9B 2R8

PROVINCIAL TRAVEL EXPENSE CLAIM

Please note: Incomplete claims or claims received without supporting documents will be returned.

Personal Info: Name: _____
Address: _____ City: _____
Postal Code: _____ Telephone Number: _____
Organization Name: _____
Cheque Payable To: _____

Purpose of Meeting Location: _____
Travel: Meeting Date(s): _____
Purpose of Meeting: _____

| | |
|----------------------|------------------------|
| CFNCS Coding | CFNS's office use only |
| | |
| Authorized by: _____ | |
| Date: _____ | |

EXPENSES

Travel Claims must be submitted within 30 days of travel. Note, HST will only be paid to individual.

CFNCS
Changes

Transportation/Purchase Costs:

Mileage:

From: _____ to _____ Total Km _____ @ .50 = _____

From: _____ to _____ Total Km _____ @ .50 = _____

Public Transportation:

Ferry, Airline, Taxi, Bus Costs: From: _____ to _____ = _____

Ferry, Airline, Taxi, Bus Costs: From: _____ to _____ = _____

Car Rental Fees: _____ = _____

Parking: _____ = _____

Total Transportation/Incidental/Purchases Costs: _____

Accommodation/Meal Costs:

Accommodations: (please review rates on reverse)

Hotel/Motel: _____ @ \$ _____ per night = _____

Private Residence _____ @ \$30.00 per night = _____

Total Accommodations: \$ _____

Meals:

Full Day (47.00) _____ Breakfast/Lunch (24.75) _____

Breakfast Only (11.50) _____ Lunch/Dinner (35.50) _____

Lunch Only (13.25) _____ Breakfast/Dinner (33.75) _____

Dinner Only (22.25) _____ **Total Meals:** _____

TOTAL EXPENSES CLAIMED: \$ _____

Signature of Claimant: _____

_____ **Date**

Authorized Signature: _____

_____ **Date**

For CFNCS office use only: