



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

Travel:

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

EXPENSES

Travel Claims must be completed within 30 days of travel and supported by original receipts where indicated. Please review the reverse side of this sheet for Travel Rates and Allowances.

Transportation / Incidental 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 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