NORTH CENTRAL LOCAL GOVERNMENT ASSOCIATION

206 ï 155 George Street, Prince George, BC, V2L 1P8

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TRAVEL EXPENSE CLAIM FORM

NAME: _____

ADDRESS:_____

PURPOSE OF TRAVEL: _____

DATE(S) OF FUNCTION: _____

Travel:

1) Mileage: _____ @ $.53 per km $ 0.00

2) Airfare (attach receipts) $_____

3) Car rental (attach receipts) $_____

4) Taxi/Bus (attach receipts) $_____

5) Airport fees & parking (attach receipts) $_____

Meals and Accommodation:

1) Per Diem: _____ days @ $200.00 $ 0.00

2) Hotel accommodation (attach receipts) or… $ 0.00

Private accommodation: ____days @ $20.00 per day $ 0.00

Other Expenses: (please attach receipts)

1) Registration Fees: $_____

2) Other: _____ $_____

Total Cost: $ 0.00

Less advance/costs prepaid: $_____

Total Payable: $ 0.00

Signature of Claimant: _____ Date: _____