



Expense Claim



Name: _____ **Inclusive dates from:** _____

Location of meeting: Vancouver, BC **Circle One:** EDO / Land Manager

Subject of meetings: BC Links to Learning 2018

Travelled from: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	
MEALS:	18-Nov-18	19-Nov-18	20-Nov-18	21-Nov-18	22-Nov-18	
Breakfast: 20.25			Included	Included		\$ _____
Lunch: 19.85		Included	Included	Included		\$ _____
Dinner: 50.00						\$ _____
TOTAL MEAL ALLOWANCE						Sub total \$ _____

Incidental Expense Allowance \$17.30 x _____ days = \$ _____

<p>Kilometre rate: BC - 53.0</p>	<p>Airfare (receipts required) \$ _____</p> <p>Hotel (receipts required) \$ _____</p> <p>Parking (receipts required) \$ _____</p> <p>Taxi / Shuttle / Ferries (receipts required) \$ _____</p> <p>Automobile: 53.0 per/km x _____ kms = \$ _____</p>	
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Total Claim = \$ _____

IMPORTANT* Please make cheque payable to:

Name: _____

Address: _____

Postal Code: _____

X _____

Delegate Signature

X _____

Signature of authorizing officer
(Cando)

Please submit expense claims via fax or email:

Attention Finance Department
DEADLINE: December 7, 2018

Fax: (780) 429-7487
Email: jsanderson@edo.ca