

Expense Claim

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

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

Subject of meetings: BC Links to Learning 2019

Travelled from: _____

	Monday	Tuesday	Wednesday	Thursday	
	2-Dec-19	3-Dec-19	4-Dec-19	5-Dec-19	
MEALS:					
Breakfast: 20.35		Included	Included		\$ _____
Lunch: 20.60		Included	Included		\$ _____
Dinner: 50.55					\$ _____
TOTAL MEAL ALLOWANCE					Sub total \$ _____

Kilometre rate: BC - 54.5	Airfare (receipts required)	\$ _____
	Hotel (receipts required)	\$ _____
	Parking (receipts required)	\$ _____
	Taxi / Shuttle / Ferries (receipts required)	\$ _____
	Automobile: 54.5 per/km	x _____ kms = \$ _____
	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 27, 2019

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