



Travel Expense Claim Form

Name _____ Date _____

Address _____

City _____ Region _____

Postal Code _____ Executive Director Staff PAC

Purpose of Travel Board Meeting Executive Meeting Other (specify): _____

Hours of Travel
 (Total time away while doing BCCF business.) Start date and time: _____
 Finish date and time: _____

Total Hours of Travel:

Travel Expense

Automobile km x \$.58 = \$

(receipts required)

	Fare	GST	Total
Airfare	\$ 	\$ 	\$
Ferry	\$ 	\$ 	\$
Bus	\$ 	\$ 	\$
Other	\$ 	\$ 	\$

Total Travel Expense \$ → \$

Accommodation Expense

(receipts required)

	Charges	GST	Total
Hotel (max \$200/night)	\$ 	\$ 	\$
Other	\$ 	\$ 	\$
On Chorfest weekend: Directors registered for Chorfest – 2 nights	\$ 	\$ 	\$
Directors only attending AGM and Board meeting – 1 night	\$ 	\$ 	\$

Total Accommodation Expense \$ → \$

Meal Expense

(when not provided by BCCF;
no receipts required)

	Number		Total
Breakfast	 	x \$20 each	\$
Lunch	 	x \$25 each	\$
Dinner	 	x \$40 each	\$

Total Meal Expense \$ → \$

Total Travel Expenses Claimed: \$