

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 Start date and time: _____

(Total time away while doing BCCF business.) 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 \$125/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: \$