



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 \$.51 =

(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 Chorifest weekend: Directors registered for Chorifest – 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 \$10 each | \$ |
| Lunch | | x \$15 each | \$ |
| Dinner | | x \$25 each | \$ |

Total Meal Expense → \$

Total Travel Expenses Claimed: \$