

Expense Claim

Name: _____ **Community:** _____

Location of meeting: Westin Bayshore - Vancouver BC **Position:** _____

Subject of meetings: Links to Learning - December 2023

Travelled from: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	
	10-Dec-23	11-Dec-23	12-Dec-23	13-Dec-23	14-Dec-23	
MEALS:						
Breakfast: \$ 24.35		Included	Included	Included		\$ _____
Lunch: \$ 24.65		Included	Included	Included		\$ _____
Dinner: \$ 60.45						\$ _____
	TOTAL MEAL ALLOWANCE					Sub-total - Meals \$ _____

Kilometre rate:
BC - 56.5

Airfare/Train (receipts required) \$ _____

Hotel (receipts required - Westin Bayshore only) \$ _____

Parking SELF-PARKING ONLY (receipts required) \$ _____

Taxi/Uber/Shuttle/Ferries (receipts required) \$ _____

Mileage: 56.5 per/km x _____ kms = \$ _____

Total Claim \$ _____

***IMPORTANT* Preferred Method of Payment**

E-transfer EFT Cheque *Complete back of form if selecting EFT.

Name: _____

Mailing Address: _____

Email Address: _____

Delegate Signature

Authorizing Officer (Cando)

Please submit expense claims via email to:

Karrie Lazarowich

Email: klazarowich@edo.ca

DEADLINE: Friday, January 26, 2024

NOTE: Maximum expense to be paid is \$900.

This excludes accommodations.

Direct Deposit/Electronic Funds Transfer (EFT)

Please complete all sections and attach a copy of a void cheque or a copy of your bank account direct deposit form.

Institution Code (3 digits) _____

Transit No. (5 digits) _____

Account No. _____

Participant Name: _____

Signature: _____

Date: _____