

EXPENSE CLAIM FORM

BC Athletics

120 - 3820 Cessna Dr., Richmond BC V7B 0A2

Ph: (604) 333-3550

Fax: (604) 333-3551

bcathletics@bcathletics.org

Date Submitted _____

Submitted by: _____

Full Name: _____

BC Athletics Position: _____

Mailing Address: _____

Address: _____

Res. Ph: _____

Bus. Ph: _____

Note: To ensure that all claimed expenses are approved, please provide the following:

- All receipts **must** accompany the claim form.
- Indicate **Program/Event** for Expenditure (i.e. Event - BC Summer Games - Transportation)
- Telephone bills **must include** the name of the party and the nature of the business conducted
- Forward form to **Committee Chair responsible for the program** or project for signature.
The Committee Chair will forward to BC Athletics for payment.
- **Mileage in kilometres** will be reimbursed at the approved rate of \$0.43 per km (km = mile x 1.6)

Officials only:

- Mileage reimbursed at approved rate of \$0.30/km (single) or \$0.43/km when carpooling. List extra officials when carpooling.
- Submit expenses for additional travel expenses, e.g. toll booth, ferry fares. Include all receipts for these costs.
- Accommodation reimbursed with prior approval only.
- Officials are expected to pay own meals unless provided by Host Org.

Date of Expenditure	Program or Event	Kilometres (Km x 0.43)	Transportation	Accommodation	Meals \$50 / Day	Misc.	HST Paid	Budget Allocation	Amount
TOTAL AMOUNT OF CLAIM									

Paid (Office Use)	
Date:	Chq. #:
Budget Allocation	Amount

Cheque Payable To: _____

Committee Chair/Staff Approval: _____

BC Athletics Pres/CEO Signature: _____