# 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 _____ BC Athletics Position: _____

Mailing _____

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. | GST Paid | Budget Allocation | Amount |
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| **TOTAL AMOUNT OF CLAIM** | | | | | | | | | |

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

Cheque Payable To: _____

Committee Chair/Staff Approval: _____

BC Athletics Pres/CEO Signature: _____

7/14/2008