College of Veterinarians of British Columbia

Expense Claim Form

Name: _____ (Payment can only be made to the Individual; not Corporation)

Mailing Address: _____

Type of Meeting: _____ **Date of Meeting :** _____

Date/Explanation	Type	Amount	Rate	Total	Code
	Travel	**(Receipts are required)**			
	Auto		$0.54	$0.00	
	Parking			$0.00	
	Taxi			$0.00	
	Airfare			$0.00	
	Hotel			$0.00	
	Ferry			$0.00	
	Meals:		Max. Allowance		
	Breakfast		$15.00	$0.00	
	Lunch		$20.00	$0.00	
	Dinner		$30.00	$0.00	
	Subtotal			$0.00	
	Others				
	Tele-Conference (TC)	Hour (_____)	$60	$	
	Honorarium	Full Day	$600	$	
	Honorarium	Half Day (50%)	$300	$	
	Others				
	Subtotal			$0.00	
	TOTAL:			**$0.00**	

Signature: _____

Date Approved: _____ **Approved by:** _____

Submit this form with <u>all receipts</u> by:

Email: gtorjek@cvbc.ca
Fax: 604-929-7095
Mail: 10991 Shellbridge Way, Suite 210