

# BCSTA Expense Form

4th Floor, 1580 West Broadway, Vancouver, BC V6J 5K9 Ph:(604)734-2721 Fax:(604)732-4559

**PLEASE ATTACH ALL RECEIPTS**

<b>Travel Cost</b> (including airfare, bus, ferry, taxi, and parking)	Date	Carrier	From/To	Purpose (mtg., cttee., etc.)	Amount	Acct. #
<b>Private Auto</b> (\$0.52/km)	Date	Distance Travelled	From/To	Purpose (mtg., cttee., etc.)	Amount	Acct. #
<b>Per Diem</b>	Date	Per Diem (# days @ rate)	Deduct Meals Provided (B:\$10, L:\$17, D:\$23)	Purpose (mtg., cttee., etc.)	Amount	Acct. #
		\$50				
		\$50				
		\$50				
		\$50				
		\$50				
<b>Lodging</b>	Date	Hotel/Motel	Location	Purpose (mtg., cttee., etc.)	Amount	Acct. #
<b>Other</b>	Date	Description		Purpose (mtg., cttee., etc.)	Amount	Acct. #

**Please print clearly - cheque payable to:**

Name: \_\_\_\_\_  
 S.D. # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_  
 Less: Advances \$< \_\_\_\_\_ >  
 Personal \$< \_\_\_\_\_ >  
 Total Claims: \$ \_\_\_\_\_

I certify that the foregoing expenses are claimed in compliance with Association policy and that no other reimbursement will be paid to me in respect to these items.	Approved by: _____
Claimant's signature _____	Date submitted _____

**Please submit your claim within 7 days of incurring expenses.**