



**Expense Reimbursement Request**

**ALL RECEIPTS must accompany** this form in an **EMAIL** to [debheard@bclacrosse.com](mailto:debheard@bclacrosse.com) **OR MAIL** to the BCLA Office, #101-7382 Winston Street, Burnaby, BC V5A 2G9 **within 14 days of incurring expense.**

**Expense Claim Policies as outlined in the BCLA General Operating Policy 5.01 (iv):**

Mileage - as authorized by the Executive, and updated annually on January 1 of each calendar year, according to the Canada Revenue Agency guidelines as published on the CRA website (Reasonable per-kilometre allowance – Canada.ca)\*

*\*https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/payroll/benefits-allowances/automobile/automobile-motor-vehicle-allowances/reasonable-kilometre-allowance.html*

**Please Note:** Every effort must be made to keep costs down when travelling to and from meetings, events, etc. It is expected that if air travel and/or renting a vehicle is less expensive than per km expenses, that people will make the more economical travel arrangements. If more than one person is travelling from the same area, every effort must be made to carpool. When practical, virtual meetings should be considered as a substitute for in-person attendance at regular meetings.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Please select ONE method for reimbursement:**

**Etransfer**

**Email address for processing etransfer:** \_\_\_\_\_

**Cheque**

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **PC:** \_\_\_\_\_

Please state the type of meeting or clinic (i.e., Executive, Minor, Senior, Field, Women’s Field, BCLCA, BCLOA). **If there is more than one meeting/clinic, please submit separate expense claim forms.**

**Meeting/Clinic Info:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location (City):** \_\_\_\_\_

**Travel:**

Car Allowance (2024 Mileage) _____ @ .70c/km (for personal car use)	\$ _____
Car Rental	\$ _____
Ferry	\$ _____
Airfare	\$ _____
Other (please provide details below)	\$ _____

**Meals:** (Maximum to \$55.00/day – must attach receipts) \$ \_\_\_\_\_

**Clinician Fee:** \$ \_\_\_\_\_

**General Expenses**

Office supplies \$ \_\_\_\_\_

Other expenses (Please provide details below): \$ \_\_\_\_\_

**TOTAL EXPENSE REIMBURSEMENT REQUESTED** \$ \_\_\_\_\_

**NOTE-**Accommodations **MUST** be arranged via the BCLA office and can’t be expensed (debheard@bclacrosse.com)