



**Expense Reimbursement Request**

Please attach all relevant **ORIGINAL RECEIPTS BEHIND** this Expense Reimbursement and **MAIL** to the BCLA Office, #101 - 7382 Winston Street, Burnaby, B.C. V5A 2G9 **within 14 days of incurring expense.**

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

Mileage – **Local travel** (city driving) - .49c per km  
 Mileage – **Long distance** (highway) travel - .30c per km

**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 car pool. When practical, use of telephone conferencing should be considered as a substitute for in-person attendance at regular meetings.

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

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

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

**Name of Meeting/Clinic:** \_\_\_\_\_

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

**Travel:**

Car Allowance (Highway) \_\_\_\_\_ @ .30c/kilometer (for personal car use) \$ \_\_\_\_\_  
 Car Allowance (City) \_\_\_\_\_ @ .49c/kilometer (for personal car use) \$ \_\_\_\_\_  
 Car Rental (receipt must be attached) \$ \_\_\_\_\_  
 Ferry \$ \_\_\_\_\_  
 Airfare \$ \_\_\_\_\_  
 Other (please specify) \$ \_\_\_\_\_

**Accommodation:** (Maximum \$100.00/night – receipts must be provided) \$ \_\_\_\_\_

**Meals:** (Maximum to \$40.00/day – receipts must be provided) \$ \_\_\_\_\_

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

**Other:** (Please list) \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**General Expenses**

Long distance \$ \_\_\_\_\_  
 Office supplies \$ \_\_\_\_\_  
 Other expenses (Please list): \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Less Advance \$ \_\_\_\_\_

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