



Expense Reimbursement Request

Please attach **ALL RECEIPTS BEHIND** this Expense Reimbursement and **MAIL** to the BCLA Office, #101-7382 Winston Street, Burnaby, BC V5A 2G9 **OR EMAIL** scanned receipts/form to info@bclacrosse.com **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, 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). **If there is more than one meeting/clinic, please submit separate expense claims.**

Name of Meeting/Clinic: _____

Date: _____ **Location (City):** _____

Travel:

Car Allowance (2022 Mileage) _____ @ .61c/km (for personal car use) \$ _____

Car Rental \$ _____

Ferry \$ _____

Airfare \$ _____

Other (please specify) \$ _____

Accommodation: (Maximum \$100.00/night) \$ _____

Meals: (Maximum to \$40.00/day) \$ _____

Clinician Fee: \$ _____

Other: (Please list) \$ _____

General Expenses

Office supplies \$ _____

Other expenses (Please list): \$ _____

TOTAL EXPENSE REIMBURSEMENT REQUESTED \$ _____