TRAVEL EXPENSES CLAIM FORM

All expenses submitted to the Ringette BC office must be reasonable and necessary. All expenses are subject to final approval by Ringette BC. Ringette BC reserves the right to inquire about the nature of all expenses. Any expenses that exceed $75.00 including but not exclusive to mileage, taxi fees and lodging must be pre-approved by Ringette BC. Thank you.

APPLICATION DETAILS

NAME		ADDRESS	
EMAIL		ASSOCIATION	
PHONE		PURPOSE	
EVENT		DATE	

TRIP HOURS	DATES	HOURS	REASON SPENT

EXPENSE DETAILS - LIST AND DESCRIBE THE EXPENSES ACCUMULATED

TRANSPORTATION - RECEIPTS, TOLLS ETC.

TRIP HOURS	DATES	HOURS	REASON SPENT
1			
2			
3			
4			
5			

OWN TRANSPORTATION - MILEAGE @ $0.46 PER KM

DATES		START ADDRESS			
		END ADDRESS			
		MILEAGE		AMOUNT ($)	
DATES		START ADDRESS			
		END ADDRESS			
		MILEAGE		AMOUNT ($)	
DATES		START ADDRESS			
		END ADDRESS			
		MILEAGE		AMOUNT ($)	

LODGING - RECEIPTS REQUIRED

DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	
DATE		LOCATION		AMOUNT ($)	

TRAVEL EXPENSES CLAIM FORM CONTINUED

MEALS - TO CLAIM, EVENT MUST EXCEED 4 HRS. RECEIPTS MUST ADD UP TO THE AMOUNTS BELOW:
BREAKFAST $ 10 | LUNCH $ 15 | DINNER $ 25 | FULL DAY $ 50

DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	
DATE		DETAILS		AMOUNT ($)	

ADMINISTRATION - POSTAGE, SUPPLIES, PARKING ETC.

DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	

HONORARIUM - REFER TO HONORARIUM SHEET

DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	
DATE		PURPOSE		AMOUNT ($)	

SUBTOTAL	
SUBTRACT AMOUNT PAID BY COMPANY	
TOTAL AMOUNT OWING TO EMPLOYEE	

APPLICANT SIGNATURE		DATE SUBMITTED	
RECEIVED BY		DATE RECEIVED	
APPROVAL SIGNATURE		DATE APPROVED	