



Natural Resource Sector Non-Government Employee Travel Expense Claim

FIRST NAME MIDDLE NAME LAST NAME

CHEQUE MAILING ADDRESS

REASON FOR TRAVEL/CLAIM

Original receipts and proof of payment are required and should be attached for all transportation and accommodation (not meals) claims.

TRANSPORTATION (attach all receipts)

FROM: TO: TOTAL KM's (return) X \$.63 per KM =

Attach receipts (i.e., plane tickets, bus/taxi, ferry, etc.)

Description of Item	GST (if shown on receipt)	PST (if shown on receipt)	Total (incl tax)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				Transportation
				Total Incl KM <input type="text"/>

MEALS IN TRANSIT

Breakfast can be claimed if travel starts before 7:00 a.m. or ends after 7:00 a.m. Lunch can be claimed if travel starts before 12:00 p.m. or ends after 12:00 p.m. Dinner can be claimed if travel starts before 6:00 p.m. or ends after 6:00 p.m.

**Meals provided during meetings can not be claimed

TOTAL \$60.61 Daily Maximum (*Group 1 rates)

DATE	MEAL ALLOWANCE	DAILY TOTAL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
			TOTAL MEALS
			<input type="text"/>

ACCOMMODATION - [BC Accommodation Listing](#)

If you choose to stay in a private accommodation, you can claim \$38.41 per night

TOTAL ACCOMMODATION

TOTAL CLAIM/PAYABLE

TOTAL TRANSPORTATION TOTAL MEALS TOTAL ACCOMMODATION = TOTAL

I hereby certify that this is a true statement of disbursements made and/or allowances to which I am entitled as a result of travel on government business as detailed above and that I have not been and will not be reimbursed for them by any other party.

SIGNATURE PRINT NAME DATE

RETURN CLAIM TO THE FOLLOWING OFFICE ADDRESS

FOR OFFICE USE ONLY

Client	Responsibility Centre	Service Line	STOB	Project #	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QUALIFIED RECEIVER SIGNATURE _____ PRINT NAME _____ DATE _____

EXPENSE AUTHORITY SIGNATURE _____ PRINT NAME _____ DATE _____

Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract and where applicable, the work has been performed, the goods supplied, the services rendered and/or other conditions met.