



116 – 7198 Vantage Way, Delta, BC V4G 1K7  
 (604) 279-2580 or 1-888-833-2242 or Fax (604)

# BOARD/VOLUNTEER EXPENSE FORM

CLEAR FORM

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

Address: \_\_\_\_\_ Purpose of Expense: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

	<u>Account Code</u>	Totals
Accommodations	_____ / _____	<input type="text"/>
Taxi	_____ / _____	<input type="text"/>
Parking	_____ / _____	<input type="text"/>
Other	_____ / _____	<input type="text"/>
	_____ / _____	<input type="text"/>
<b>Total A</b>		<input type="text"/>

**Per Diem: maximum allowance for meals: Breakfast \$10.00; Lunch \$15.00; Dinner \$25.00; Incidentals \$15.00  
 (you can claim \$65.00 for each night you are not provided with meals)**

Date	<u>Account Code</u>	# of nights	Description	Amount
_____	_____	_____	_____	<input type="text"/>
_____	_____	_____	_____	<input type="text"/>
_____	_____	_____	_____	<input type="text"/>
<b>Total B</b>				<input type="text"/>

**Mileage/Ferries/Airfare Reimbursement - PLEASE ENTER RATE VALUE OF .60 PER KM As of June 15, 2023**

Date	<u>Account Code.</u>	Km.	Description	Rate	Amount
_____	_____	_____	_____	<input type="text"/>	<input type="text"/>
_____	_____	_____	_____	<input type="text"/>	<input type="text"/>
_____	_____	_____	_____	<input type="text"/>	<input type="text"/>
<b>Total C</b>					<input type="text"/>

\_\_\_\_\_  
 Volunteer's Signature

\_\_\_\_\_  
 Approved by (staff member)

**Totals from above (A+B+C)**

**Less advance (if any)**

**Total expenses due**

All expenses are subject to authorization and must be submitted within six (6) weeks of date incurred. Failure to comply may result in forfeiture of expenses.  
**RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

**NOTE: Alcoholic beverages will not be reimbursed**  
 Expense Report 2023