

# EXPENSE CLAIM

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

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_



Payable to: \_\_\_\_\_

Expense:	Day 1	Day 2	Day 3	HST	TOTAL
Automobile ___ Km @ \$.50					
Airfare					
Bus/Taxi/Ferry					
Parking					
Accommodation \$95/night low season \$130/night high season					
Breakfast \$11.50 per diem max					
Lunch \$13.25 per diem max					
Dinner \$22.25 per diem max					
Other					
<b>TOTAL</b>					

Please attach original receipts for all items except mileage. Meals and accommodation will be paid at the receipt amount, or the daily maximum, whichever is less.

Certified that this is a true statement of disbursements made as a result of IslandLink business and that I have not and will not be reimbursed for them by any other party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Library Director/Board Chair Signature: \_\_\_\_\_

Submit completed form to: Katherine Anderson  
4153 Hawkes Avenue  
Victoria BC V8Z 3Y9

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Approved by: \_\_\_\_\_ Date paid: \_\_\_\_\_

Office approval \_\_\_\_\_ Cheque Number: \_\_\_\_\_