

PVNC~OECTA Expense Report

(NOT for use in conjunction with PD subsidy form)

Please submit via Board courier or FAX to 705 742 8599



Please print legibly

Name: _____ Location: _____

Home Address: _____

Date	Description (i.e. origin & destination for kilometrage, name of meeting, etc.)	Travel (\$0.48 / km, please list kilometrage)	Accommodation	Meals (maximums: Dinner \$30 Lunch \$20 Breakfast \$15)	Other
Totals:					

Total all items: _____

Less advance: - _____

(if applicable)

Claim: _____

Signature: _____

Date: _____

For Office Use Only:

Approved by: _____

Amount: _____

Cheque No. _____

Date: _____

Department: _____

(all claimed expenses, except kilometrage, **MUST** be accompanied by proper receipts) *effective 2014 07 01