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PVNC~OECTA Expense Report

(NOT for use in conjunction with PD subsidy form)

Please submit via Board courier or FAX to 705 742 8599

Email: office@pvncoecta.ca

Please print legibly

Name:_____ Location:_____

Home Address:_____

Date	**Description** (i.e. origin & destination for kilometerage, name of meeting, etc.)	**Travel** ($0.48 / km, please list kilometerage)	**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 kilometerage, <u>MUST</u> be accompanied by proper receipts) **effective 2014 07 01*