

TRAVEL EXPENSE CLAIM FOR NON-BC GOVERNMENT EMPLOYEES

INVOICE # _____

FORM USAGE

This form is for use by non-BC government employees to claim travel expenses. Refer to the attached *Appendix 2* for guidelines and allowable rates. After completion, the individual should forward the original claim form (with letter of agreement and receipts attached) to their ministry financial contact. The qualified receiver will complete and sign the Coding section and forward the claim to Finance, Accounts for processing. A cheque will be forwarded to the *Cheque Mailing Address* shown below.

CHEQUE INFORMATION

Payee Name: _____ Supplier # _____ Location Code: _____

Cheque Mailing Address: _____

Reason for Travel: _____

DATE OF TRAVEL 20 ____		PLACES TRAVELLED		PERSONAL VEHICLE USE DISTANCE x KM RATE _____		BUS/TAXI/ AIR/FERRY COSTS		MEALS: B L D ✓ ✓ ✓			ACCOMMODATION COSTS		MISCELLANEOUS (CAR RENTAL, PHONE, ATM FEES, ETC.) COST DESCRIPTION		TOTAL DAILY COSTS	
M	D	FROM/TO (ENTER CITY NAMES)		KM	\$	\$						\$	\$	\$		\$
CLAIM TOTAL																

CODING

Client: ____ Resp: _____ Svc Line: _____ STOB: 6005 Proj: _____

Qualified Receiver Printed Name Qualified Receiver Signature Date

Expense Authority Printed Name

Traveller's Signature Date

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