JUSTICE INSTITUTE of BRITISH COLUMBIA
Emergency Management Division

EXPENSE REIMBURSEMENT FORM

Staff ☐ Student ☐ Other ☐ Date:

Name:	Employee/Vendor ID:
Address:	Purpose:
	Period Covered From : To:

TRAVEL EXPENSE	
Distance traveled: _____ kilometers @ $.52 per KM ⇒ ⇒	$
Other Travel (Please specify and attach original receipts)	
⇒ ⇒	$
⇒ ⇒	$
ACCOMMODATION EXPENSES: (Please specify and attach original receipts)	
⇒ ⇒	$
MEAL EXPENSES:	

Date	Breakfast $10.00	Lunch $15.00	Dinner $20.00	Total $45.00		
TOTAL MEAL EXPENSE					⇒ ⇒	$

OTHER (Please specify and attach original receipts)	
⇒ ⇒	$
⇒ ⇒	
TOTAL EXPENSE CLAIM ⇒ ⇒	$
Less Travel Advances Received (if applicable) ⇒ ⇒	$
BALANCE DUE ⇒ ⇒	$

I certify that the above is correct in all respect, and that the expenditures claimed were actually incurred on official business.

_____ _____ FIN: Invoice # _____

(Signature of Claimant) (Approval)

Cost Centre	Project	Rev/Exp	Amount	Cost Centre	Project	Rev/Exp	Amount
			$				$
			$				$
			$				$