

RIVERVIEW HEALTH CENTRE NURSES

EXPENSE REIMBURSEMENT

Claimant's Name:		Position/Unit:						
						-		
Date	Description of Event	Travel	Parking	Office	Meals	Hotel	Other	Total
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
		\$	\$	\$	\$	\$	\$	
Claimant's Signature: Total							\$	
Approved by: Chq#								
PLEASE ATTACH ALL RELEVANT BILLS & RECEIPTS Date Paid								

EXPLANATION OF EXPENSE CATEGORIES:

Travel: Includes all approved travel costs such as taxi, bus, plane or car. Allowance rate is 41.0 cents per kilometer.

Parking: Reimbursement made for approved events. Receipt required except when parking meter is used.

Meal Allowance: Breakfast -- up to \$15.00 Lunch -- up to \$20.00 Dinner -- up to \$40.00 *Receipts required for greater amounts*

Note: OUT OF PROVINCE meal allowance is \$100.00 per day. Receipts required if over \$100.00.

Hotel: The local will pay all approved hotel and lodging. Usually the claimant pays the bill and a copy of the receipt is submitted for reimbursement. The local can pre-pay the bill if arrangements are made for this. Individuals who arrange accommodation with family or friends in lieu of hotel will be reimbursed \$50.00 per night.