

## Director Expense Claim Form

Name:		Address:					Date:			
Mo Day	PURPOSE OF TRAVEL DESCRIPTION AND LOCATION	Time Departed Home	Time Returned Home	MEALS			OTHER	Description	ACCOMO- DATION	TOTAL
				BREAKFAST	LUNCH	DINNER				

I hereby certify that the expenses and expenditures detailed on this claim qualify for reimbursement and were incurred by me as a result of Comox Valley Regional District business as detailed in the CVRD Bylaw No. 236 and that I will not be reimbursed for them by any other party.

Director's Signature		Date		Carry Forward of KM expenses from reverse of form		
				Less Advance (013 000 649 cc _____)		
				<b>NET CLAIM</b>		

PURSUANT TO CVRD REMUNERATION BYLAW #236	Reimbursement
1. Commercial Accommodation	Actual Cost
2. Non-Commercial Accommodation	\$35/night
3. Overnight travel per diem (24 hour period)	\$75/24 hrs
(Deduct meal allowance for meals provided and consumed at overnight event)	
4. Meal Allowances (must be away from home for the entire time period)	
Breakfast between 6:00am - 9:00am	\$15
Lunch between 11:30am - 1:30pm	\$20
Dinner between 4:30pm - 7:30pm	\$25
5. All other expenses (with receipts)	Actual Cost

Verified by: \_\_\_\_\_

Account #	012-_____ - _____ cc1 _____
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