

Advance Claim:

Director's Name: _____

Address: _____

Date	Location and Description of Function	Expense Detail (Hotel, Ferry, Airfare, Meals)	Amount

TOTAL (A)

Pursuant to CVRD Remuneration Bylaw #236

- | | |
|---------------------------------|--------------|
| 1. Commercial Accommodation | Actual Cost |
| 2. Non-Commercial Accommodation | \$50/night |
| 3. Per Diem and Meal Allowance | \$121.71/day |

Rate Breakdown

- | | |
|-------------|---|
| Breakfast: | \$29.05 (6:00-9:00am) |
| Lunch: | \$29.60 (11:00am-2:00pm) |
| Dinner: | \$45.56 (4:30-7:30pm) |
| Incidentals | \$17.50 (for trips more than 24 hours only) |

- | | |
|---------------------------------------|-------------|
| 4. All other expenses (with receipts) | Actual Cost |
|---------------------------------------|-------------|

Carry Forward of
Automobile Distance
Expenses **(B+C)**

Less Advance Received
(if applicable)

Net Claim

"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

Corporate Legislative Officer

Approved for Payment

Account No.

Cost Center



**Automobile Distance Expenses
According to Schedule "E", CVRD Bylaw No. 236**

[illegible]