BOARD/VOLUNTEER EXPENSE FORM

116 – 7198 Vantage Way, Delta, BC V4G 1K7
(604) 279-2580 or 1-888-833-2242 or Fax (604)

CLEAR FORM

Name: _____ Date: _____

Address: _____ Purpose of Expense: _____

City/Town: _____ Prov: _____ PC: _____

	Account Code	Totals
Accommodations	_____/_____	
Taxi	_____/_____	
Parking	_____/_____	
Other	_____/_____	
	_____/_____	
	Total A	$ 0.00

Per Diem: maximum allowance for meals: Breakfast $10.00; Lunch $15.00; Dinner $25.00; Incidentals $15.00
(you can claim $65.00 for each night you are not provided with meals)

Date	Account Code	# of nights	Description	Amount
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
			Total B	$ 0.00

Mileage/Ferries/Airfare Reimbursement - **PLEASE ENTER RATE VALUE OF $0.73 PER KM as of June 9, 2026**

Date	Account Code.	Km.	Description	Rate	Amount
_____	_____	_____	_____		$ 0.00
_____	_____	_____	_____		$ 0.00
_____	_____	_____	_____		$ 0.00
			Total C		$ 0.00

Totals from above (A+B+C)	$ 0.00
Less advance (if any)	
Total expenses due	

_____
Volunteer's Signature

_____
Approved by (staff member)

All expenses are subject to authorization and must be submitted within six (6) weeks of date incurred. Failure to comply may result in forfeiture of expenses.
RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT **NOTE: Alcoholic beverages will not be reimbursed**