



CITY OF PORT ALBERNI TRAVEL EXPENSE CLAIM FORM

(updated/effective April 1, 2024)

NAME:			
MEETING TYPE:			
MEETING LOCATION:			
MEETING DATE:		TO:	
DEPARTURE TIME:		RETURN TIME:	

Expense Item	Rates	Number of occurrences	Total	GST	Total less GST
<i>* Per Diems - only those meals not provided for during the conference will be paid for by the City.</i>					
Breakfast - Only ***	\$ 25.50				
Lunch - Only ***	\$ 25.50				
Supper - Only ***	\$ 35.25				
Breakfast & Lunch - Only ***	\$ 37.00				
Breakfast & Dinner - Only***	\$ 46.75				
Lunch & Dinner - Only***	\$ 46.75				
Full Day Per diem (3 meals for one day)	\$ 63.75				
Incidentals	\$ 15.00				
Private Vehicle - mileage	\$ 0.63				
Private Accommodations	\$ 38.41				
Ferries (attach receipt)					
Hotel Accommodations (attach receipt)					
Taxi/Miscellaneous (attach receipts)					
Registration (attach receipt)					
Parking (attach receipts)					
Air Fare (attach receipt/copy)					
Other (specify and attach receipts)					
			Total	GST	Total less GST
GL / WO Account			-	-	-
GL / WO Account					
GL / WO Account					
01.02.042520.3424 - Personal Expenses (paid by city - to be reimbursed by employee)				NO TAX	
TOTAL AMOUNT					
<i>* Only provide the expenses to be reimbursed - do not include expenses already paid by City.</i>					
<i>** Please submit City Credit Card receipts to the Accounts Receivable Clerk directly.</i>					
<i>*** Only - if this was the only meal(s) that is being claimed in the day</i>					

Claimant Signature: _____ Date: _____
 Approval Signature: _____ Date: _____
 Director of Finance: _____ Date: _____