



EXPENSE REIMBURSEMENT CLAIM FORM

Date: _____

Name: _____

Address: _____

Original receipts must be attached.

Send forms to:
 Julia Minnie
 1351 W. 15th Street
 North Vancouver, BC V7P 1N1

Date of Expense	Vendor	Program and/or Details of Expense	HST	Total Amount of Expense
Total Expense Claim:				

“Volunteers of SOBC who use their vehicle on SOBC official business will be paid a rate of \$0.35 per KM to cover driving over 25 km one way. Their travel must be pre-approved by the local for the volunteer to be eligible for the payment. The local will also pay ferry and toll cost where necessary and approved. The local may pay air or bus travel, however volunteers must travel by the most economical means.” - SOBC

Admin Use			
Date	Chq #	Amount	Notes