



EXPENSE REIMBURSEMENT CLAIM FORM

Important Note:

Expense Reimbursement Form and original receipts must be submitted by the 2nd Friday of each month. These claims will be processed and reimbursement sent out by the 3rd Friday of each month.

Date: _____
 Name: _____
 Address: _____

Original receipts must be attached.
 Send forms to:
 Jim Juilfs
 4732 Underwood Avenue
 North Vancouver, BC V7K 3A8

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

“Volunteers of SOBC who use their vehicle on SOBC official business will be paid a rate of \$0.40 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