



# BOW VALLEY COLLEGE FACULTY ASSOCIATION

## Expense Statement

**Member**

Name: \_\_\_\_\_ Committee: \_\_\_\_\_  
 FA Position: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_

Date	Description	Accom	Kms Travelled	Meals	Other	TOTAL
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
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						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**TOTAL** \$0.00

Current mileage reimbursement rate is: .45/km

Reasonable subsistence expenses on actual cost basis upon submission of appropriate receipts; otherwise, a maximum of **\$50 per diem** may be claimed based on: **Breakfast \$10, Lunch \$15, Dinner \$20, Incidentals \$5**

Date: \_\_\_\_\_

I hereby certify that the whole of the expenditure was incurred on Bow Valley College Faculty Association business and that amounts claimed have not previously been paid to me or on my behalf.

X \_\_\_\_\_  
 Signature

Budget Allocation: \_\_\_\_\_

Please attach all receipts and submit to FA office for payment.