BOW VALLEY COLLEGE FACULTY ASSOCIATION

Expense Statement

Member Information

Name: _____

FA Position: _____

Budget Allocation: _____

Date Submitted: _____

Date	Description	Per Diem	Mileage (km)	TOTAL
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$
		☐		$

TOTAL $

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** . **Mileage is reimbursed at a rate of $0.45/km**

Please attach all receipts and submit to the FA Office for reimbursement.

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 .

Signature

x _____