



# EXPENSE REIMBURSEMENT REQUEST

Name: \_\_\_\_\_

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

Reason for Expense: \_\_\_\_\_

LCC Visited (if applicable): \_\_\_\_\_ LCC # \_\_\_\_\_

Your Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

DATE	AIRFARE	MILEAGE <sup>1</sup>	TRANSPORT	MEALS <sup>2</sup>	LODGING <sup>3</sup>	OFFICE EXPENSES	OTHER <sup>4</sup>	TOTAL (\$)

<sup>1</sup> - Mileage - \$.56/mile

<sup>2</sup> - Meals - \$20/meal/person (daily maximum—\$40/person)

<sup>3</sup> - Lodging - One night with approval of Provincial Coordinator. Moderate rate lodge per region/area

<sup>4</sup> - Explain OTHER : \_\_\_\_\_

*Please attach receipts when applicable.*

**SUBTOTAL: \$** \_\_\_\_\_

**EXCHANGE RATE (If Applicable): \$** \_\_\_\_\_

**TOTAL REQUESTED AMOUNT: \$** \_\_\_\_\_

Please return completed form to Cindy Perazzo  
as soon as possible. Thanks!