



TECHNICAL SAFETY BC TECHNOLOGY ADVISORY COMMITTEE MEMBERS' TRAVEL EXPENSE FORM

FIRST DAY OF TRAVEL	DEPARTURE TIME	LAST DAY OF TRAVEL	ARRIVAL TIME
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METHOD OF TRAVEL (ATTACH RECEIPTS)			TOTAL	GST
COST	KM	TYPE	ADDRESS OF ORIGIN	
		Personal or company vehicle (\$0.53/km)		
COST (-GST)	GST	TYPE		
		Ferry		
		Air		
		Rental vehicle		
		Public transportation		
		Taxi		

ACCOMMODATIONS (ATTACH RECEIPTS)			TOTAL	GST
COST (-GST)	GST	TYPE		
		Hotel		
		Private accommodations (\$50/NIGHT) <input type="checkbox"/>		

MISCELLANEOUS EXPENSES (ATTACH RECEIPTS)			TOTAL	GST
COST (-GST)	GST	TYPE		
		Gas (FOR RENTAL VEHICLES ONLY)		
		Parking		
		Tolls		

MEALS (DO NOT INCLUDE RECEIPTS)			TOTAL
DAYS	COST	TYPE	
		Breakfast (\$12.00 IF START TIME IS BEFORE 7AM) <input type="checkbox"/>	
		Lunch (\$15.50 IF END TIME IS AFTER 12PM) <input type="checkbox"/>	
		Dinner (\$25.50 IF START TIME IS BEFORE OR END TIME IS AFTER 6PM) <input type="checkbox"/>	

GRAND TOTAL		TOTAL	GST
ADDRESS (FOR MAILING CHEQUE)		CHEQUE PAYABLE TO	
COMMITTEE NAME		REIMBURSEMENT	
YOUR NAME		MEETING DATE	
SIGNATURE		DATE SIGNED	

Return completed form and original, itemized receipts to:
 Technical Safety BC Attn: Stakeholder Engagement Coordinator
 #200-505 6th Street
 New Westminster BC V3L 0E1

FOR OFFICE USE ONLY

The goods and/or services on this invoice have been received and this invoice is now approved for payment

P.O.# _____

Approval date _____

Signature _____

6	76	16	160	8	652	6821	
4	90	90	950	8	000	3300	

Goods/Services Received

Y	Y	M	M	D	D
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- is mathematically correct
- is in accordance with agreed terms (eg. P.O. contract)
- has not previously been processed for payment
- is related to work performed and/or goods supplied, and all conditions for payment have been met
- does vendor have a GST number; if yes ensure GST# is on invoice

Signature _____