



**QC Travel
Reimbursement Form**

Name	Function Attended		Team Name/QC Board Position

Date MM/DD/YY	Purpose	Place and Times		KM.	Travel Cost	Meals		Lodging*	Daily
		From	To						Total
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	B			
						D			
						S			
						P.D.			
					\$0.00	\$0.00		\$0.00	\$0.00

Meals In Province		Meals Out of Province		Mileage (\$/km)
Breakfast	\$8.00	Breakfast	11.00	Regular 0.29
Dinner	\$14.00	Dinner	\$16.00	
Supper	\$19.00	Supper	\$24.00	
Per Diem	\$41.00	Per Diem	\$51.00	

* Please attach receipts for lodging.