

## 410 - 1755 West Broadway, Vancouver, BC V6J 4S5 tel 604 730 9111

## **EXECUTIVE DIRECTOR/ BOARD OF DIRECTORS EXPENSE CLAIM FORM**

Name:			
	City:	P	/C
		Phone:	
DATE	DESCRIPTION		AMOUNT
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	TOTAL		\$
* NOTE: Pleas	se attach receipts, except for mileage claims.		
Signed:		Date:	
Approved:		Date:	
BCASW has es	tablished the following guidelines for expenses (Re	ev.Sept 21 2024):	
A) CAR ALLOW	ANCE: 60 cents per km (not to exceed economy airfare).		
·	ual cost not to exceed \$80.00 per day Breakfast - \$20.00 Lunch - \$22.00 Dinner - \$38.00		
<ul><li>C) INCIDENTAL</li></ul>	S: Actual cost not to exceed \$10.00		