

# ADVANCE/RECONCILIATION TRAVEL FORM

**Effective 2024**

Please submit original receipts for items indicated by an asterisk (\*) when completing the travel form.



**NAME:** \_\_\_\_\_

**Cheque Made Payable To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Purpose of Travel and Dates:** BCALM AGM OCTOBER 16-17, 2024  
RICHMOND, BC

	Advance	Reconciliation
a) Mileage from _____ to _____ is _____ (kms) _____ ¢/km - _____ ¢/km -		

**AB** .535¢/km; **BC** .58¢/km; **MB** .56¢/km; **NB** .59¢/km; **NL** .605¢/km; **NT** .705¢/km; **NS** .595¢/km  
**NU** .68¢/km **ON** .605¢/km; **PE** .575¢/km; **QC** .58¢/km; **SK** .55¢/km; **YT** .72¢/km

b) Commercial Transportation (taxi, bus, shuttle, etc.)	(*)	_____	(*)	_____
c) Airfare & Airport Fees (airport parking)	(*)	_____		_____
d) Baggage Fee	(*)	_____	(*)	_____
e) Accommodations _____ nights @ _____	(*)	_____	(*)	_____
f) Parking _____ days @ _____	(*)	_____	(*)	_____
g) Meals				
Breakfast _____ @ _____		_____		_____
Lunch _____ @ _____		_____		_____
Dinner _____ @ _____		_____		_____
Incidentals _____ @ _____		_____		_____
h) Total		_____		_____

i) Travel Advance \_\_\_\_\_

j) Balance Owing to Claimant \_\_\_\_\_

I certify that I am not receiving compensation from any other source of expense detailed above.

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_