

## VOLUNTEER EXPENSE FORM

Name		Meeting Name	
Address		Meeting Date(s)	
		Meeting Location	
		GL Code (dept/activity/spec)	
		Meeting Number	

**Please complete the following section. All items require receipts (copies acceptable) unless otherwise specified, and will be reviewed by the Finance Department prior to reimbursement. Please refer to the Royal College Volunteer Travel Policy for reimbursement amounts. Please indicate all amounts in Canadian \$.**

**Air Travel 61002**

If airfare was charged directly to the Royal College check the box (a receipt is not required).

OR

If you have personally paid for airfare, attach the receipt(s) and indicate the total amount on the line. \$ \_\_\_\_\_

**Ground Transportation 61012**

Train: Check the box if the train ticket was charged directly to the Royal College. A receipt is not required.

If you have personally paid for the train ticket, attach the train receipt and indicate the total amount on the line. \$ \_\_\_\_\_

Bus: Attach the bus receipt and indicate the total amount on the line. \$ \_\_\_\_\_

Rental Car: Attach the rental & gas receipts and indicate the total amount on the line. \$ \_\_\_\_\_

Taxi/other: Attach receipts for EACH transfer and indicate the total amount on the line. \$ \_\_\_\_\_

Personal Car: If you have used your personal car, please enter the mileage in the box below, multiply it by the price per km and indicate the total amount on the line.

Total # of km:  x 68¢ per km = \$ \_\_\_\_\_

Please note: the mileage rate at the time of travel is in line with the Government of Canada's current per km allowance.

Parking: Attach receipts for EACH instance and indicate the total amount on the line. \$ \_\_\_\_\_

**Hotel 61022**

The Nightly Room Charge can be an amount up to **\$425** (incl. tax/fees) per night within Canada; please do not include Internet charges or Meal/Incidental charges (i.e. food/beverage, mini-bar, movie rentals, laundry services and phone charges) as part of this amount. Attach the hotel receipt(s), enter the total # of nights in the box and indicate the total amount on the line. # of nights   
\$ \_\_\_\_\_

Internet Charge: Refer to the hotel receipt(s) and indicate the total amount on the line. \$ \_\_\_\_\_

**Meals and Incidentals 61032/59000**

The Meals/Incidentals reimbursement is up to **\$50** (incl. tax) for a Travel Day, up to **\$100** for an Activity Day if 2 or more meals are provided by the host organization, and up to **\$150** (incl. tax) for an Activity Day if less than 2 meals are provided; amounts may be pooled over length of stay. Attach receipts for EACH Meal/Incidental charge and indicate the total amount on the line. \$ \_\_\_\_\_

<b>Please add up the amounts from each section and enter it here:</b>	<b>TOTAL \$</b>	_____
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**FOR DEPARTMENT USE ONLY:**

Date submitted		Receipts reviewed by	
Date approved		Authorizing Signature	