



Employee Name: _____ Employee ID#: _____

Title/Classification: _____ School/Worksite: _____

Please note that directions for completing this form are included on the back.

Date	Meetings (other - specify)	Destination-Return (beyond home- school/worksite)	Travel km x \$0.4585/km	Meals	Other Expenses	Totals
Advances and Charges to AVRCE (deductions if any)						
GRAND TOTAL						

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED/VERIFIED BY
IMMEDIATE SUPERVISOR: _____

Signature
Print Name

APPROVED FOR PAYMENT BY: _____

Signature
Print Name

ACCOUNT(S) TO BE CHARGED: _____ DATE: _____



TRAVEL:

1. travel between your residence and your designated office or worksite shall be excluded, and shall be your responsibility.
2. travel required to attend to duties, meetings called by Regional Office staff or inservices called by AVRCE or its agents, in excess of the distance to and from your residence and your designated office or worksite may be claimed.
3. you will be reimbursed travel expenses for the most economic method of travel regardless of the mode of travel you select.
4. your travel claims should be submitted within a month.
5. if you are called back to work, then you will be compensated for metrage at the current AVRCE rate.

EXPENSES:

1. under normal circumstances, expenses for accommodation and meals will only be reimbursed for travel outside of the Region.
2. expenses for meals will be reimbursed when the employee is required to work beyond the normal work day. Currently, the per diem maximum for meals is \$45 per day (breakfast \$10.00; lunch \$15.00; dinner \$20.00).
3. original itemized receipts for accommodations, meals, and related expenses must be submitted.