



Public Member's Reimbursement Statement

Board, Committee or Council Name	Branch/Agency
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Surname	"For accounting Use Only"	First Name	Initials	Supplier Number
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Box or Street Number	City or Town	Province	Supplier Site & Postal Code
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Date DD / MTH / YY	Destination and Time From To		Code	Distance in Kilometers	Meals	Lodging	Miscellaneous	Honorarium	Daily Total
	Travel Cost								
Sun. / / / / / /					Breakfast Dinner Supper Per Diem				
Mon. / / / / / /					Breakfast Dinner Supper Per Diem				
Tues. / / / / / /					Breakfast Dinner Supper Per Diem				
Wed. / / / / / /					Breakfast Dinner Supper Per Diem				
Thurs. / / / / / /					Breakfast Dinner Supper Per Diem				
Fri. / / / / / /					Breakfast Dinner Supper Per Diem				
Sat. / / / / / /					Breakfast Dinner Supper Per Diem				
Totals									

Certification: I hereby certify that the above expenses were incurred on government business.

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Members' Signature

Mode of Travel code

1. Private vehicle: kilometre reimbursement rate of/km

2. Authority.....

Goods and Services Received		
DD	/ MTH	/ YR
Invoice Received		
DD	/ MTH	/ YR

Verification: Expenditure calculations are correct and in accordance with established rates.

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Person in Department Checking

For accounting use only:

Amount	Entity	Program	Natural Account	Natural Acc	Location	Project
	3	5	6	6	4	6

Authorization: work, travelling, mode of travel and disbursements as detailed above are duly authorized.

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Permanent Head or Designate's Signature