



Claimant Name: (print or type) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Task No. \_\_\_\_\_ Date Incurred: (from) \_\_\_\_\_ (to) \_\_\_\_\_

| PERSONAL/VOLUNTEER/MUNICIPAL/SOCIETY EXPENSES |                                     |                    |                                |       |
|---|-------------------------------------|--------------------|--------------------------------|-------|
| To Whom Paid                                  | Travel <sup>2</sup><br>Mileage @ km | Meals <sup>1</sup> | Vehicle/Equipment <sup>2</sup> | Total |
|   | km=                                 |                    |                                |       |
|   | km=                                 |                    |                                |       |
|   | km=                                 |                    |                                |       |
|   | km=                                 |                    |                                |       |
|   | km=                                 |                    |                                |       |
| Miscellaneous Expenses (attach receipts)      |                                     |                    |                                | \$    |
| Balance Forward from Supplements              |                                     |                    |                                | \$    |
| SUBTOTAL                                      |                                     |                    |                                | \$    |
| TOTAL CLAIM                                   |                                     |                    |                                | \$    |

1. Calculated to a maximum of four per 24-hour period. See current [EMBC Volunteer Reimbursement and Allowance Rate Chart](#).  
 2. Rates as per current [EMBC Volunteer Reimbursement and Allowance Rate Chart](#).

Signature of Claimant: (use ink) \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

EMBC USE ONLY

EQUIPMENT REPLACEMENT/REPAIR REQUEST APPROVAL

YES/NO

Goods and Services Received:

EMBC Regional Staff \_\_\_\_\_

Date \_\_\_\_\_

October 2015

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| <p>EMBC ADMINISTRATIVE USE ONLY</p> <p><i>I do hereby certify that the amount to be paid is correct, complies with the appropriate statute or other authority where required, the goods have been received and/or other conditions have been met:</i></p> <p>Spending Authority: _____</p> <p>Resp: _____ Account: _____ STOB: _____ Project #: _____</p> <p>Commitment #: _____ Supplier #: _____ INV# _____</p> <p>Entered by: _____ Date: _____</p> |
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