

EXPENSE REIMBURSEMENT REQUEST SUPPLEMENT

Page___ of ____

Task No	Date Incurred: (from)	(to)
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PERSON	PERSONAL/VOLUNTEER/MUNICIPAL/SOCIETY EXPENSES					
To Whom Paid	Mileage ² @	Meals ¹	Equipment ²	Total		
	km=					
	km=					
	km=					
	km=					
	km=					
	km=					
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	km=					
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1.Calculated to a maximum of four per 24-hour period. See current <u>EMBC Volunteer Reimbursement and Allowance Rate Chart.</u> 2.Rates as per current EMBC Volunteer Reimbursement and Allowance Rate Chart.

SUBTOTAL (transfer to Page 1) \$

Φ