Reset Form

BRITISH COLUMBIA | Ministry of Social Development and Social Innovation

TRAVEL EXPENSE REIMBURSEMENT NON-EMPLOYEE

The personal information requested on this form is collected pursuant to the provisions of the *Freedom of Information and Protection of Privacy Act* and is used for financial administrative purposes. The collection, use or disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Centre.

NE

CONTROL NO.

PLEASE PRINT

1. NAME OF CLAIMANT & ORGANIZATION	2. NAME OF MINISTRY CONTACT	3. PHONE

4. MAKE PAYMENT TO (IF DIFFERENT FROM ABOVE)	5. PURPOSE OF TRAVEL

6. ADDRESS	CITY / TOWN	POSTAL CODE

7. DATE OF TRAVEL	8. PLACES TRAVELLED FROM/ TO	9. DISTANCE TRAVELLED AND TOTAL VEHICLE COSTS		10. OTHER TRANSPORTATION COSTS	B	L	D	11. MEALS COST OR PER DIEM	12. ACCOMMODATION COSTS	13. MISCELLANEOUS		14. *TOTAL DAILY COSTS*
										COST	DESCRIPTION	
YYYY MMM DD		km	$	$				$	$	$		
15. TOTALS OF COLUMNS											15a. MUST EQUAL 24. TOTAL $	

NOTE:
Appropriate receipts must be attached where required.

16. MINUS TEMPORARY TRAVEL ADVANCE $

17. AMOUNT DUE TO/FROM NON-EMPLOYEE $
(ATTACH CHEQUE / MONEY ORDER IF MONIES DUE TO THE MINISTRY)

18. SIGNATURE OF CLIENT

DATE SIGNED YYYY MMM DD

FOR MINISTRY USE ONLY

MIN	20. INVOICE NO.	21. OCG SUPPLIER NO.	22. CONTRACT NO.	23. PAYMENT DUE DATE (YYYY MMM DD)
031				

24. AMOUNT - MUST EQUAL 15a	25. RESP.	26. SERVICE LINE	27. STOB	28. PROJECT

29. LOC.	30. FUT.	31. ALL PARTICULARS, CODING, EXTENSIONS AND TOTALS CHECKED
		ACCOUNTS USE ONLY

REMIT MESSAGE (MAX. 30 CHARACTERS)

33. "Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract; and where applicable, that the work has been performed, the goods supplied, the service rendered, and/or other conditions met."	**EXPENSE AUTHORITY** (PRINT NAME)	SIGNATURE	Y Y Y Y M M M D D

34. **QUALIFIED RECEIVER SIGNATURE** - REQUISITIONED FOR PAYMENT PURSUANT TO SECTION29 OF THE *FINANCIAL ADMINISTRATION ACT.*	(PRINT NAME)	SIGNATURE	Y Y Y Y M M M D D

SAMPLE