



**EXPENSE REIMBURSEMENT  
REQUEST SUPPLEMENT**

Page \_\_\_ of \_\_\_

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

PERSONAL/VOLUNTEER/MUNICIPAL/SOCIETY EXPENSES				
To Whom Paid	Mileage <sup>2</sup> @	Meals <sup>1</sup>	Equipment <sup>2</sup>	Total
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- 1. Calculated to a maximum of four per 24-hour period. See current EMBC Reimbursement and Allowance Rate Chart
- 2. Rates as per current PEP Reimbursement and Allowance Rate Chart

**SUBTOTAL (transfer to Page 1) \$**