

**COLUMBIA SHUSWAP REGIONAL DISTRICT  
FIREFIGHTER AND VOLUNTEER EXPENSE CLAIM FORM**



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Department \_\_\_\_\_  
 Vehicle Description \_\_\_\_\_  
 Workshop/Event \_\_\_\_\_  
 Date(s) \_\_\_\_\_

	Amount	G/L Allocation
Travel _____ km x <b>\$0.58</b>	_____	
Airfare _____	_____	
<b>Meals:</b> (no claim allowed for meals provided at event; receipts MUST be attached; no alcohol will be reimbursed)		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
<b>Accommodations:</b>		
Hotel (receipt required) _____	_____	
<b>Other Expenses</b> (original, detailed receipts required)		
Description (ie taxi, parking, additional mileage, supplies)	Amount	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Subtotal all expenses _____	_____	
Less: Advances _____	_____	
<b>Total Claim</b> _____	_____	

\_\_\_\_\_  
 Claimant signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Approval

## How to complete the Expense Claim Form

### **POLICIES:**

Reimbursement will be paid to CSRD Paid-On-Call Firefighters and Volunteers in accordance with Policy F-14

### **INSTRUCTIONS:**

*ALL TRAVEL ARRANGEMENTS & EXPECTED EXPENSES SHOULD BE PRE-APPROVED BY MANAGEMENT PRIOR TO LEAVING.*

### **Travel:**

Enter the total number of kilometers to and from the CSRD and the workshop/location (or nearest airport) and multiply by the per kilometer rate.

If claiming mileage for more than one trip, use the other expenses section to detail and calculate each trip for proper allocation.

### **Meals Purchased:**

For each travel day or portion thereof while on CSRD business, meal expenses will be reimbursed to a maximum of \$20 for breakfast, \$25 for lunch and \$35 for dinner. Detailed receipts must be attached in order for the expenses to qualify; credit card/debit slips are not sufficient. Alcohol will not be reimbursed.

### **Accommodation Expenses:**

Original detailed receipts must be attached when accommodation is required.

### **Other Expenses:**

For all other expenses, enter the description, amount and attach original detailed receipt.

Subtotal all expenses, subtract any advances paid by the CSRD and calculate the total claim amount.

All expense forms must be completed in full, signed and dated by the claimant and forwarded to the finance department within 30 days in order to qualify for reimbursement.