Ph: 604.820.3324 Fx: 604.820.2175 Web: www.mqhs.ca Mail: PO Box 3563, Mission, BC, V2v4L1

MQ HS

Travel Expenses

***Cheque Payable to (Full Name and Address)* :**

Name:

Address:

Reason & Place of Travel:

Dates of Occasion: From: To:

EXPENSES: **Sub/Totals:**

ACCOMMODATION:		$	x		days	
MILEAGE:			x	**0.58**	per km	
AIRFARE:						
AIRPORT IMPROVEMENT FEE:						
FERRY FARE: (from/to/return)						
TAXI / BUS FARE: (to/from airport)						
MEALS:	Breakfast	**$22.75**	x		days	
	Lunch	**$22.75**	x		days	
	Dinner	**$30.50**	x		days	
	Incidentals	**$17.30**	x		days	
PARKING:	**(Overnight Only)**	$	x		days	
LOST PRODUCTIVITY		**$200.00**	x		days	
TOTAL EXPENSES:						

SIGNATURE: DATE:

APPROVED BY: DATE: