

BC ASSOCIATION FOR CHILD DEVELOPMENT & INTERVENTION
2007 TRAVEL POOL CLAIM FORM

Agency Name: _____

Agency Location: _____

Email Confirmation: _____

(an email confirming receipt of this form will be sent to this address if included)

Date(s): _____

Agency Claim Total: \$_____

Our Agency is reimbursed 50% of GST and the amount has been deducted.

Meeting: BCACDI Provincial Meeting BCACDI AGM (Feb) Other: _____

Name					
Airfare	Taxi	Mileage _____km x 0.50	Parking	Ferry Fees	Total
					\$
Name/ Position					
Airfare	Taxi	Mileage _____km x 0.50	Parking	Ferry Fees	Total
					\$

Travel Costs

- Attach copies of receipts.
- Incomplete forms will be returned.
- Includes: Only Airfare and Taxi Fares or Vehicle Mileage, Parking Fees and Ferry Fees from Agency Location to Meeting / Conference Location
- Airfare should be limited to lower of regular fares booked one month in advance or actual paid.
- Ferry fees should be limited to lower of regular car or actual paid.
- Vehicle mileage should be limited to lower of \$0.50 per kilometer or actual rate paid by agency or airfare booked one month in advance.

Submit to: Judy Sentes, OSNS Child Development Centre

Fax or Email to:

Corena Arlitt

OSNS Child Development Centre, 103-550 Carmi Avenue Penticton, BC V2A 3G6

(250) 492-2164 FAX

(250) 492-0295 Phone

corena.arlitt@osns.org

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