

B.P.T. A. Expense Voucher

Please use 1 voucher per meeting. Please print.
 Please send completed form and required receipts to: Robyn Forsman
 306 - 1330A First St. North
 Brandon, MB R7C 0B5

First Name _____ Last Name _____

Address: _____

City: _____

Postal Code: _____

Reason for expenditure:

(include name of committee you were representing and the name of the event)

Date of expenditure: _____

Transportation:

From: _____ To: _____

Return km _____ x .54 \$ _____

Official passenger Name(s): _____

From: _____ To: _____

Return km _____ x .03 \$ _____

Meals: *(Claim the actual amount or the per diem rate, whichever is less.)*

Breakfast (up to \$12.00) date: _____ \$ _____

Lunch (up to \$15.50) date: _____ \$ _____

Dinner (up to \$24.00) date: _____ \$ _____

Dependent Care: *(Up to \$9.50 per hour to a maximum of \$72.00 per 24-hour day. This is for care outside of the normal work day.)*

Provide dates and hours per day _____

Name of caregiver/facility _____

Amount \$ _____

Other Expenses: *(please itemize and attach receipts)*

\$ _____

\$ _____

\$ _____

*****Total Claimed** \$ _____

Release Time Required:

(If the cost of substitute is to be billed to the local association please indicate the number of days)

----- no ----- yes ----- days

Signature: _____