

Dzawada'enuxw First Nation Travel Advance OR Travel Expense Report/Claim

Advance X Actual Expense Report/Claim: _____
 Date: _____ Date: _____
 NAME: _____
 Purpose of travel (attach information): _____
 Travel dates: _____
 Program(s) charged: _____
 Reimbursable by: _____

****For tracking purposes please state the name of Hotel/Airline, etc. being used if it's on a PO.
 Please give finance a copy of your expense claim if you are the one doing the claim.

	PO/Charge please tick	<u>Advance Request</u> Fill out before travel	Receipts	<u>Actual Expenses</u> Fill out after travel
**Airfare	_____	_____	**	_____
**Boat	_____	_____	**	_____
**Bus	_____	_____	**	_____
**Taxi	_____	_____	**	_____
Mileage	_____ x 0.52/km	_____		_____
**Hotel	_____	_____	**	_____
Private	_____ x \$55.00	_____		_____
**Parking	_____ x	_____	**	_____
Per Day	_____ x \$70.25	_____		_____
Breakfast	_____ x \$15.35	_____		_____
Lunch	_____ x \$14.60	_____		_____
Supper	_____ x \$40.30	_____		_____
Incidentals	_____ x \$ 17.30	_____		_____
Honorarium	_____ x 175	_____		_____
**Other (Ferry, National Airline)	_____	_____	**	_____
**rec'ts req'd	TOTAL * 80% (/Travel Policies) =	\$ _____ -		\$ _____ -
		Less Advance (if this is a claim)		\$ _____ -
		BALANCE OWING (if this is a claim)		\$ _____ -

Signature _____
 Authorization _____

****Please note: all travel advances are placed into your accounts receivable with the band until such time as you hand in all receipts pertaining to this travel. No further travel is allowed until your advance is cleared.**

Accounting Department only:		Code	\$
To record travel expense on _____		Dr	_____
To clear travel advance for _____		Cr	1240 _____
To go towards O/S travel owing for _____			1240 _____

Reimbursement received: Date _____ Amount \$ _____