



First Nations Health Authority
Health through wellness

First Nations Health Authority Travel Expense Claim

**Please fill out form completely.
Photocopied receipts are not admissible - do not fax expense claims.**

Date: _____	Telephone: _____
Payable To: _____ Must be made out to an ORGANIZATION	Meeting: _____
Participant Name: _____	Mtg Location: _____
Address: _____	(Mtg Date) From: _____
Postal Code: _____	(Mtg Date) To: _____
Travel Start Date: _____	Travel Return Date: _____

RECEIPTS ARE NOT NECESSARY TO RECEIVE REIMBURSEMENT FOR:

MEALS:						
	List dates claimed					
Breakfast	_____	Provided May 22, 23, 24	\$15.75	_____	# day(s)	= \$ _____ -
Lunch	_____	Provided May 22, 23, 24	\$15.10	_____	# day(s)	= \$ _____ -
Dinner	_____		\$42.00	_____	# day(s)	= \$ _____ -
INCIDENTALS:	_____	Per overnight stay only	\$17.30	_____	# nights(s)	= \$ _____ -
PRIVATE ACCOMMODATION:	_____		\$50.00	_____	# day(s)	= \$ _____ -
MILEAGE:	From (address): _____			To (address): _____		
			\$ 0.51	X		= \$ _____ -
					# Round-trip Kms	

ORIGINAL RECEIPTS ARE NECESSARY TO RECEIVE REIMBURSEMENT FOR:

** Please include name even if not claiming

* Please include return fare

ACCOMMODATIONS:	Commercial: (room, taxes and parking only)
Was this billed directly to the FNHA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
** Hotel Name: _____	lighty rate: \$ _____ X _____ # of day(s) = \$ _____ -

TRAVEL:						
Airfare: MUST INCLUDE BOARDING PASS, ITINERARY AND INVOICE						
** Airline Name:	_____					\$ _____
From:	_____	To:	_____			
Other:						
Parking	Daily rate: _____	X	_____	# of day(s)	=	\$ _____ -
Taxi	From: _____	to	_____			\$ _____
Airporter/Shuttle	From: _____	to	_____			\$ _____
Ferry	From: _____	to	_____			\$ _____
Ferry	From: _____	to	_____			\$ _____
Others(Specify)	_____					\$ _____

TOTAL AMOUNT CLAIMED

\$ _____

Submitted by: _____
(Please print)

Submit to:
First Nations Health Authority
Attn: Accounts Payable
501-100 Park Royal South
West Vancouver, BC V7T 1A2
Ph: 604-693-6500

For Office Use Only					
APPROVED BY: _____					
ACCOUNT CODES: 63004 600100 99041 10115 000000					
G/L Code	Cost Centre	Program	Project	Location	