Name of individual member, or Society

Date

Station # & Name:

Expense Reimbursement Claim

Reason for claim:

Method of payment to you:

1) Direct deposit to your bank

Or submit a void cheque

Transit # (5 digits)	Bank ID (3 digits)	Account #

2) Or by e-transfer - email address for payment

Expense reimbursement (attach receipts)

Reason for expense	Qty	Rate	Amount
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
		Total expenses	$ 0.00

Meal per diems

Date from:	Date to:	Type	Amount	# of days	Amount
		Incidentals	$17.30		$ 0.00
		Breakfast	$28.40		$ 0.00
		Lunch	$27.40		$ 0.00
		Dinner	$57.70		$ 0.00
				Total meal per diems	$ 0.00

Vehicle reimbursement

Travel to and from what locations	KM	Rate/km	Amount
		$0.605	$ 0.00
		$0.605	$ 0.00
		$0.605	$ 0.00
		$0.605	$ 0.00
		$0.605	$ 0.00
		$0.605	$ 0.00
		$0.605	$ 0.00
		Total vehicle reimbursement	$ 0.00

Total Expense Reimbursement Claim	$ 0.00

Submit this Claim and any supporting receipts to: finance.officer@rcmsar.com

ROYAL CANADIAN MARINE SEARCH & RESCUE

6040 East Sooke Road
Sooke BC V9Z 0Z7
Ph: 778-352-1780
Fax: 778-352-1781