



**Women's  
Committee  
Zone 3**

**SEND TO:**

Sandy Melle  
 #71 - 8737 212 Street  
 Langley, BC V1M 2C8  
 604-882-0224      email: melmel51@shaw.ca

**VOLUNTEER EXPENSE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Prov: **BC** PC: \_\_\_\_\_

Date: \_\_\_\_\_

DATE	EVENT	LOCATION	KM	Kilometers @0.40 or Gas	MEALS	HOTEL	MISC	TOTAL across
<b>TOTALS down</b>								
<b>TOTAL DUE</b>								

Signature: \_\_\_\_\_

NOTE: Maximum allowance for Meals: Breakfast \$10.00; Lunch \$15.00; Dinner \$25.00; Incidentals \$15.00; Per Diem \$65.00  
 NOTE: Alcoholic beverages will not be reimbursed  
 All expenses are subject to authorization and must be submitted within six (6) weeks of date incurred. Failure to comply may result in forfeiture of expenses.  
**RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**