NICOLA VALLEY INSTITUTE OF TECHNOLOGY

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BOARD MEMBER TRAVEL CLAIM

Name: _____ **Department:** **Board of Governors** **Date of Claim:** _____

		A	B	C	D	E	G	H	I
Date	**Details indicate if regular or special Board meeting or other Board business**	**Mileage (Enter km)**	**Calc @ Rate (57/km)**	**Meals B / L / D $13.26 $15.34 $26.52**	**Accomm. See Rates ***	**Other: Airfare/ Taxi/ Parking**	**Total travel time minus 2 hours**	**Calc @ rate $32.77 per Hour ****	**TOTAL A - J**
Do not type in shaded boxes - these will calculate for you.									
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
			$0.00					$0.00	$0.00
	TOTAL:		$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00
								Sub-Total:	$0.00
								Advance:	
								Total	$0.00

Travel Advance Code: _____

I certify that I have expended the amounts as indicated and the entire amounts were incurred on NVIT business.

Signature of Claimant: _____ **Approved for cost centre:** _____

Cost centre: **1010-511100-8350**

***Accommodation Rates:** $20.00 per Diem in lieu of hotel. When you are on NVIT business, please ask for the Government Rates.
**Receipts must accompany claims, other than for meals.*

**** Travel Time:** As per policy 5.5 Board Honoraria travel rates do not apply to employees