

## Expense Claim Form

**To:** Accounting Department  
 Continuing Legal Education Society of British Columbia  
 #500 – 1155 West Pender Street, Vancouver, B.C. V6E 2P4

**PO #:**  
**Code:** 4140-20-10-

**Re:**

**Photocopying:** Photocopying may be claimed at 5¢ per copy. → *This does not include late course materials.* ←

**Word Processing:** We do not pay word processing costs.

**Travel:** Applicable items include (original receipts are required):

- Airfare (**not to exceed lowest available advance purchase economy airfare**). Advance purchase airfare is required.
- Travel by car is reimbursable at a rate of 54¢ per kilometer for out-of-town travel only. Mileage is not to exceed the cost of advance purchase airfare.
- Ground transportation, ferry, and parking costs.
- Hotel expenses for one night, if necessary (it may be possible to fly in and out on the day of the course if you are travelling within British Columbia). Please contact clebcprograms@cle.bc.ca to make hotel arrangements so that we may secure the best corporate rate.
- All reasonable meal expenses incurred in conjunction with the CLEBC program.

CLEBC will NOT reimburse the following without pre-approval. Please contact your Program Lawyer or clebcprograms@cle.bc.ca.

- Computerized legal research.
- Airfare above the lowest available fare.
- Hotel for more than one night.

Listed below are expenses I incurred in preparing and presenting this program.

Date Incurred	Description	Amount	GST
	Photocopies: _____ copies @ 5¢ per copy		
	Meals		
	Travel		
	Taxi and parking		
	Hotel		
	Other (please specify)		
	<b>(Include original receipts)</b>	Subtotal	

**Total Claimed:** \$ \_\_\_\_\_

Please make your reimbursement cheque payable to:  my firm;  me personally. (Please check one)

**Name:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To avoid delay please return this claim form within 14 days of the course date.**

**ORIGINAL RECEIPTS MUST ACCOMPANY THE EXPENSE CLAIM FORM**

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