

Early Childhood Education Council

Expense Voucher (05/19)

Please Use Black Ink Only When Sending Electronically

Name _____ Date _____

Address _____

Postal Code _____ E-mail: _____
Phone: _____

Type of Meeting or Expense _____

Dates _____ Location _____

Substitute Required: Yes _____ No _____

Transportation costs:

____ Economy Air Fare: attach receipts
____ Airport Parking - attach receipts
____ Taxi or buses - attach receipts
____ Private Automobile _____ kms at 0.53 per km (see chart on back)

Meals:

____ Breakfast (\$10.00 max)
____ Lunch (\$15.00 max)
____ Dinner (\$20.00 max)

Accommodations:

____ number of days _____ at \$ _____ per day.....
or
____ private accommodation _____ days at \$15/day

Committee Meeting Costs:

_____ Attending Meeting.....

____ **Other** (please specify and attach proper original receipts including breakdown of purchase of only ECEC items—credit card receipts that do not include the detailed items purchased will not be considered for reimbursements.)

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Total Expenses

Signature: _____

Cheque Number _____

Date Issued _____