



Prince Edward Island Occupational Therapists Registration Board

◆ PO Box 2248, Stn Central ◆ Charlottetown, PEI ◆ C1A 8B9

EXPENSE CLAIM

Name: _____ Membership Number: _____

Mailing Address: _____

Purpose: _____

Please Attach any receipts (travel related, purchases, etc.)

Travel:	Airfare: _____	\$ _____
	Mileage (based on gov't rate): _____	\$ _____
	Other: _____	\$ _____
Accommodations:	HOTEL _____ days X \$ _____	\$ _____
Meals:	<i>In Province</i> [Daily maximum \$30.00] _____	\$ _____
	<i>Out of Province</i> [Daily maximum \$50.00] _____	\$ _____

Taxi/Shuttle:	[receipt required] _____	\$ _____
Other:	[Specify] _____	\$ _____
	SUBTOTAL	\$ _____
LESS (advance received against expense)		\$ _____
	TOTAL	\$ _____

OTHER: (please provide details) _____	

	TOTAL \$ _____

I hereby certify that I expended the amount indicated, that the account is true and correct in all respects, and that the expenditure was incurred in carrying out the business of the PEIOTRB.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:
DATE PAID _____ CHEQUE NO.: _____ AUTHORIZED BY _____