

**KOOTENAY LIBRARY FEDERATION
EXPENSE CLAIM FORM**

Date: _____

Name: _____ Library: _____

Address: _____

Postal Code: Phone Number: _____

Purpose: _____

Make Cheque Payable to: _____

TRANSPORTATION (Please use KLF Mileage Chart)

Driving: _____ km @ \$0.45/km

Transportation total: \$

ACCOMODATION (Please Attach Receipts)

Number of nights:

Rate:

Accommodation total: \$

MEALS (For meals on the road away from home community)

Please attach receipts for all meals. Maximum compensation: \$35/day.

Meal total: \$

TOTAL AMOUNT CLAIMED: \$

KLF Cheque no. _____ Date: _____

Please submit by post mail to: KLF, PO Box 1831, Sparwood, BC V0B 2G0
Or by email to: director@klf.bclibrary.ca