



Date: _____
Name: _____ Member library: _____
Address: _____
Email: _____ Phone Number: _____
Reason for expense (ie: KLF Board meeting): _____

Method of preferred reimbursement:

1. KSCU account transfer (please add account #):
2. Interac e-transfer (please note email address):
3. cheque (please note payable to):

Transportation

Driving: _____ km @ \$0.45/km
Other: _____
Transportation total: \$ _____

Accommodation (please attach receipts)

Accommodation total: \$ _____

Meals (please attach receipts). Maximum compensation \$35/day.

Meals total: \$ _____

Total amount claimed: \$ _____

Please submit completed form to: director@klf.bclibrary.ca or
KLF, PO Box 3125, Castlegar BC, V1N 3H4