

Claims are due NO LATER THAN 30 days following the conclusion of the event.

**Travel Expense Claim Form**

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| --- | --- |
| Date Submitted: |  |
| Location of Event: | **JW Marriott Parq Vancouver**: 39 Smithe St, Vancouver, BC V6B 0R3 (604.676.0888)  |
| Date of Event: | May 16, 17 & 18, 2023 |
| **Contact Details** (Please note: payment will be mailed to the address provided below.) |
| Attendee Name:  |  |
| Payable to: |  |
| Address: |  |
| City: |  | Postal Code: |  | Phone Number: |  |
| **Accommodation** (Accommodations may be provided up to a total of 3 nights – subject to your travel itinerary) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marriott PARQ Hotel | Night(s) | Please confirm your Reservation # |  |  |
| Other Hotel (attach receipts) | Night(s) @ |   | Total Hotel | $ |

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| **Meals** (No receipt required) Please do not claim for meals that are provided at the event. |
|  | Travel Day-May 15, (if applicable) | May 16 | May 17 | May 18 | Travel Day- May 19, (if applicable) |  | Total |
| Breakfast @ $22.80 |  |  |  |  |  |  |
| Lunch @ 23.05 |  |  |  |  |  |  |
| Dinner @ $56.60 |  |  |  |  |  |  |
| **Transportation** (Please attach receipts except where noted)  |
|  | Description | Total |
| Airfare (receipt required) ECONOMY |  | $ |
| Ferry/Boat (receipt required) |  | $ |
| Taxi/Water Taxi (receipt required) |  | $ |
| Self-Parking (receipt required)* Valet Excluded
 |  | $ |
| Marine Fuel (receipt required) |  | $ |
| Rental Car & Fuel (receipt required) |  | $ |
| Private Vehicle (no receipt required) | # kms = |  | @$0.57/km |  | Subtotal Private Vehicle | $ |
| Signature of attendee: | Initials  | **Total Reimbursement** | $ |

**Please email claim with any required original receipts to**:

Naut’sa mawt Tribal Council – Attn: accounting@nautsamawt.com or by mail to PO Box 21029, Duncan BC, V9L 0C2

*To guarantee reimbursement, please**submit no later than 30 days (June 15, 2023) after the event has concluded.*

Questions about this form? Email Adrien Castle at acastle@nautsamawt.com

or call the NmTC office at 604-943-6712 or 1-888-382-7711 (toll free)

Company Code: GL Account: Profit Centre: Sub-Account:

**REQUIRED**

**Direct Deposit / Electronic Funds Transfer (EFT)**

**Expense Claim Payment**

**Instructions**: Please complete all sections of this section and attach either a void check or a copy of your Customer Account Information form from your banking institution.

Note: Your expense claim cannot be processed without this documentation.

**Account Information**

**Transit Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**