

## RCABC Request For Reimbursement

Payable To:	Date:	Phone:
Mailing Address:		

<b>Travel</b>	Reason/Detail	Approved By:
(\$ .40/km)		
Ferries/Tolls		
<b>Air</b>		
Other		
Sub Total >		

<b>Administration</b>		
Supplies - Postage		
Other		
Services – Copying		
Phone		
Other		
Sub Total >		

<b>Other</b>		
Newsletter		
Other		
Other		
Sub Total >		

**Signature:** \_\_\_\_\_ **Total Claim \$** \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approval / Authorization Notes \_\_\_\_\_

Cheque # \_\_\_\_\_ Cheque Date: \_\_\_\_\_