



PEACE LIARD REGIONAL ARTS COUNCIL
Box 27
Rolla, BC V0C 2G0
Phone / Fax 250.719.9225

EXPENSES CLAIM FORM

Name _____ Telephone _____

Address _____

Postal Code _____

Location of Meeting / Event _____

Date(s) of Meeting / Event _____

Transportation: Car (driver only) _____ km @ \$0.54 / km\$ _____
(See reverse for km chart)

Other Transportation (please attach receipts)\$ _____

Meals (please attach receipts and exclude alcoholic beverages).....\$ _____

Accommodation (please attach receipts).....\$ _____

Miscellaneous (please attach receipts)\$ _____

TOTAL CLAIM.....\$ _____

I certify that this is a true statement of out of pocket expenses incurred by me for business relating to this organization.

DATE _____ SIGNATURE _____

**Distance Chart
(Kilometers)**

	Chet	DC	FN	FSJ	HH	PC	Taylor	TR
Chetwynd	0	102	566	154	65	110	163	90
Dawson Creek	102	0	485	73	167	8	64	120
Fort Nelson	566	485	0	412	501	495	421	656
Fort St. John	154	73	412	0	89	81	9	244
Hudson's Hope	65	167	501	89	0	175	98	155
Pouce Coupe	110	8	495	81	175	0	72	128
Taylor	163	64	421	9	98	72	0	184
Tumbler Ridge	90	120	656	244	155	128	184	0
Prince George	310	412	876	464	375	420	478	400
Prince Rupert	1031	1133	1597	1185	1096	1141	1194	1121
Vancouver	1099	1201	1665	1253	1164	1209	1262	1189
Grande Prairie	264	132	617	205	299	124	196	145
Edmonton	688	586	1071	659	753	578	650	599
Calgary	985	883	1369	956	1050	875	947	896