



**College of Veterinarians
of British Columbia**

Honorarium Expense Claim Form (Council and Committee Members Use Only)

Name: _____ (Payment can only be made to the Individual; not Corporation)

Mailing Address: _____

Type of Meeting: _____ **Date of Meeting :** _____

Date/Explanation	Type	Amount	Rate	Total	Code
	Travel	(Receipts are required)			
	Auto		\$0.55	\$0.00	
	Parking			\$0.00	
	Taxi			\$0.00	
	Airfare			\$0.00	
	Hotel			\$0.00	
	Ferry			\$0.00	
	Meals:	(No receipt required)	Max. Allowance		
	Breakfast		\$15.00	\$0.00	
	Lunch		\$20.00	\$0.00	
	Dinner		\$30.00	\$0.00	
	Subtotal			\$0.00	
	Honorarium for Veterinarian				
	Tele-Conference (TC)	Hour (_____)	\$60	\$	
	Honorarium	Full Day	\$600	\$	
	Honorarium	Half Day (50%)	\$300	\$	
	Others				
	Honorarium Subtotal:			\$0.00	
	TOTAL:			\$0.00	

Date of Submission: _____

Signature: _____

Date Approved: _____

Approved by: _____

Submit this form with all receipts by:

Email:

isear@cvbc.ca

Fax:

Mail: