**TRANSPORTATION REIMBURSEMENT FORM**

Event: Democracy Bootcamp Ottawa 2024 Date: April 12, 2024

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remit payment via: [ ]  Cheque [ ]  E-transfer

1. **Kilometric Allowance**

CIVIX will reimburse distance travelled at a rate of $0.59/km. Only the owner/operator of the vehicle used may claim the kilometric allowance.

A Google Map or similar printout or screenshot showing distance must be included.

|  |  |  |  |
| --- | --- | --- | --- |
| **Origin** | **Destination** | **Distance Travelled** | **TOTAL A: Kilometric Allowance** |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_ | Sheraton Ottawa150 Albert StOttawa ON K1P 5G2 | One way: \_\_\_\_\_\_ kmx 2 = **\_\_\_\_\_\_ km total** | \_\_\_\_\_\_ km total x $0.59 **= $\_\_\_\_\_\_\_\_** |

1. **Direct Expenses**

Please include each original receipt. CIVIX cannot reimburse expenses without a receipt. Do not include receipts for gas or meals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Type** **(Airfare, Train, Taxi, etc.)** | **Subtotal** | **Tax** | **TOTAL** |
|   |  |  |  |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|   |  |  |  |
| **TOTAL B: Direct Expenses** | **$** |

**TOTAL TRANSPORTATION (A + B) REIMBURSEMENT CLAIM: $\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **I certify that I am the sole claimant of the above expenses and that none of the amounts claimed have been or will be reimbursed by another party.**