



Resource Parent/Resource Family Member Expense Claim Form

Date:			
Name:			
Address:			
City:	Prov:		Postal Code:
Phone:			
Email:			

**Attach detailed receipts for each expense item.
Please ensure receipts are dated.**

TRAVEL EXPENSES		
	Ferry / taxi / bus	\$
	Meals (use per diem rate: B: \$14.00, L: \$20.00, D: \$25.00)	\$
Please claim either gas or mileage, but not both (if over 200 kilometers we will reimburse gas receipts only)	Gas Receipts	\$
	Mileage: km @ \$.50 per km	\$
	Parking	\$
OTHER EXPENSES		
Must be pre-approved through the FSI office.		\$
TOTAL EXPENSES		\$
I WISH TO DONATE ALL OR PART OF MY EXPENSES TO FSI:	If yes, your initials: _____ I, _____, direct that the funds to which I am entitled by way of reimbursement for _____, and would otherwise be forwarded to me by cash or cheque, be transferred to <u>FSI</u> as my gift.	\$ Your tax receipt will be issued for this amount
DUE TO YOU:		\$

Please return the completed form to the **Family Support Institute** at:
227 6th Street, New Westminster, BC V3L 3A5 or fax to **604-540-9374**