North Lambton
Community
Health Centre

X	North Lambton
X	West Lambton
X	East Lambton

Travel & Transportation Reimbursement Authorization Form

Payable to: _____

Please include all receipts for mileage, hotel, parking, and ground transportation.

Date	Purpose	To / From	Hotel / Ground Transportation / Parking	Total

Mileage Rate = $0.45 / km

Date	Purpose	To / From	Kilometers	Rate	Total
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	
				$0.45/km	

Staff / Volunteer - Please sign and date form.

Signature: _____ **Date:** _____

Code: _____

Approved by: _____