Vancouver Coastal Health

*Promoting wellness. Ensuring care.*

# *MILEAGE CLAIM FORM*

***INSTRUCTIONS:***

1. *This form is to be completed by employees who use personally owned vehicles for VCHA business*
2. *Indicate the number of kilometres each day for which your car was used for VCHA business*
3. *Provide a brief explanation as to the location & purpose of each day's travel.*
4. *Complete the form, sign it & forward to your Unit Manager for review & authorization - monthly*
5. *Forward signed form to* ***Payroll****, 1795 Willingdon Ave, Burnaby, BC V5C 6E3, for payment.*

| | Minimums | |
|---|---|---|
| *Community* | $4.00 | < 8km |
| *Excluded* | N/A | N/A |
| *Facilities* | $2.00 | < 4km |
| *Nurses* | N/A | N/A |
| *Paramedicals* | $2.00 | < 4km |

***Employee Name (please print)*** ***Employee ID #*** ***Month*** ***Year***

*Complete only if* ***NOT*** *being charged to Home Department*

***Department*** ***Site*** ***Location***

| *Date* | *# of KM not min or call back* | *Minimum $* | *Call Back km* | *Parking* | *To* | *From* | *Daily Record of Visits/Travels (provide a brief summary of locations visited & purpose of trip)* |
|---|---|---|---|---|---|---|---|
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| | | | | | *Sub-total page one* | | |
| | | | | | *Sub-total page two* | | |

*Total KM's* _____

*Total Minimum* _____

*Total Call Back* _____

*Total Parking* _____

_____
***Employee signature***

_____
***Manager signature***

_____
***Manager Name (please print)***

***This section to be completed by Payroll Services***

***Checked and Entered*** ***Date***