Vancouver CoastalHealth

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 (Note that the back of this form can be used to record additional mileage)*
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**, Echelon Building, 1st Floor, 575 West 8th Ave, for payment.*

Collective Agreement

Excluded	
Facilities	
Nurses	
Paramedicals	
Community	

(check appropriate box)

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

Department | ***Site*** | ***Home Location (e.g. VGH)***

Date	*# of KM*	*$2.00 Min*	*Parking*	*To*	*From*	*Daily Record of Visits/Travels (provide a brief summary of locations visited & purpose of trip)*
				Sub-total page one		
				Sub-total page two		

Total KM's @ _____ _____

Total $2.00 Min _____

Total Parking _____

Reimbursement total _____

_____
Employee signature

_____
Manager signature

_____
Manager Name (please print)

This section to be completed by Payroll Services

Checked and Entered | ***Date***