

Haida Gwaii Teachers' Association PO Box 702, Daaing Giids, BC, V0T 1 Disbursement Request Form (rev Sept 2025)

Claimant: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**A. TRAVEL COSTS** calculated by Kilometre Rate (72¢/km) + 10¢/km if passengers in vehicle

Date	Purpose	Destination	Home	Distance	Rate	Cost
					X	
					X	
					X	
					X	
					X	
					X	
					<b>TOTAL</b>	

Names of Any Passengers

**C. OTHER EXPENSES**

Date	Purpose	Supplier	Cost
<b>Total Other EXPENSES</b>			

Kilometers (one way)								
	DG	SkidL	Sand	Skid	Tl'all	Port	Masset	GT
Skid L	8	<del>X</del>	13	3	46	60	105	110
Sand	21	13	<del>X</del>	16	59	74	119	124
Skid	11	3	16	<del>X</del>	43	57	102	107
Tl'all	54	46	59	43	<del>X</del>	21	59	64
Port	68	60	74	57	21	<del>X</del>	45	50
Masset	113	105	119	102	59	45	<del>X</del>	5
Gaw Tl'agee	118	110	124	107	64	50	5	<del>X</del>

**Per Diem** (no receipts required)

Breakfast	\$24.14	
Lunch	\$23.29	
Dinner	\$49.05	
		<b>TOTAL Claim</b>
		Total Approved for Disbursement

Books by: \_\_\_\_\_  
 Entry Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 C-Date: \_\_\_\_\_  
 Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_