



505-1207 Douglas Street, Victoria, BC V8W 2E7
 Tel: 250-385-8791 | Toll Free: 1-800-779-7736
 Fax: 250-385-6629
 Visit us online at pea.org

EXPENSE CLAIM FORM

Effective April 1, 2020
 Revised March 25, 2024

BC's Union for Professionals

MEMBER INFORMATION

NAME	CHAPTER
MAILING ADDRESS (ADDRESS/CITY/PROVINCE/POSTAL CODE)	
PHONE NUMBER	EMAIL

OFFICE USE ONLY

DATE RECEIVED
PEA FINANCIAL OFFICER VERIFICATION
EXECUTIVE DIRECTOR AUTHORIZATION

CLAIMED EXPENSES

PURPOSE	LOCATION	DATE OF PURPOSE	MEALS: B-\$20.00 L-\$25.00 D-\$35.00			MILEAGE PER KM		TRANSPORTATION		INCIDENTAL ALLOWANCE \$15	MISCELLANEOUS (parking, materials, postage etc.)		TOTAL
			B	L	D	KMs	TOTAL	MODE	TOTAL		ITEM	TOTAL	
TOTALS FROM PREVIOUS													
NOTES: (please note travel departure and return dates & times)										GRAND TOTAL			

SIGNATURE

DATE

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Important Note: The purpose of each expense claimed must be indicated. Please use additional forms as necessary and total all expenses on the final page. Claims and receipts should be sent electronically to mjoly@pea.org. Your email is considered an electronic signature for this purpose. Receipts are required except for per diems, mileage and incidental allowance. State "Expense Claim" in the email subject line. PEA reimburses expenses via Direct Deposit only. Please ensure that you include a Direct Deposit form (available at pea.org/formsyouneed) with your claim if PEA doesn't already have the information on file.