

# Travel Subsidy Form



**STRATHCONA  
COMMUNITY  
HEALTH NETWORK**

We appreciate that some people make significant travel arrangements to participate in person in Strathcona Community Health Network meetings. We greatly value your participation and want to help by off-setting a portion of your travel costs. Travel subsidies will be offered on a “per request” basis.

NAME:		
ORGANIZATION:		POSITION:
ADDRESS:		
CITY:	PROV:	POSTAL CODE:
TELEPHONE:		FAX:
EMAIL:		

*Travel details for purpose of attending Table of Partners meeting:*

Date	From	To	Distance paved - KM	Distance unpaved - KM	Other (bus, ferry etc) attach receipts

I hereby request reimbursement of the travel expenses and certify they were incurred for travel on Strathcona Community Health Network business and that I will not be reimbursed for them by any other party.

Signature of person making claim: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed forms to:*

Libby King, Strathcona Community Health Network Coordinator  
301-990 Cedar Street, Campbell River, BC V9W 7Z8; e. lking@srd.ca

**For office use only:**

Paved (\$0.58 per km):	Unpaved (\$0.70 per km):	Other:	Total Claim:
Approved for payment		GL Code:	Vendor No.