® BC Region of Narcotics Anonymous

Revised Nov 09, 2025
Expense Reimbursement Request

Note: You may claim any amount up to the maximum calculated on this form. You may wish to claim less.

Name: ___ _____

Committee or Position: _____

Starting Address: Courtenay, _____

Destination Address: _____

Purpose of Expense: _____

Date	Description *(Include type of expense, eg. Toll booths, ferry, fuel)*	Fuel per km $ # of km Amount	@ .50/km	Other Amounts	Total
Column Totals					Total Due: (Maximum)
					Total Requested $

Applicant's signature: _____ Date: _____

Original receipts other than for fuel must be attached to this expense report

{When traveling for Narcotics Anonymous business you are encouraged to use the least expensive reasonable form of transportation available.