Edmonton

Department Name _____   Payroll Number _____   Month/Year _____

Employee Name _____   Department Number _____

Complete, sign and submit the form for reimbursement no later than the end of the month following the month that the travel took place. (Private Vehicle Reimbursement Procedure).

Date (dd-mmm-yyyy)	Starting Location and Odometer Reading	Destination	Purpose	Kilometres Driven [1]

[1] Claim only business KMs as defined in the Private Vehicle Reimbursement Procedure.   Total KM: _____

Employee: I certify that the private vehicle used to perform employment duties meets the insurance requirements set out in the Private Vehicle Reimbursement (PVR) Procedure. I further certify that I have a valid Alberta Operator's licence for the period of this claim as per the PVR Procedure.

_____
Employee Signature   Date

Supervisor: I confirm that the employee's insurance and license is valid as per the Private Vehicle Reimbursement Procedure.

_____
Supervisor Signature   Date