**B.C. Employer Training Grant (ETG)**

**Travel Expense Claim Form**

|  |  |
| --- | --- |
| Employer: |  |
| **Applicant Contact:** |  |
| **Training Dates:** |  |

**Transportation – receipts are required for flights (insert rows as needed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Name | Dates | Distance (KM) | Travel Mode | Claimed Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Transportation** | | | |  |

**Accommodation – receipts are required (insert rows as needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name | Dates | Details | Claimed Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Accommodation** | | |  |

**Meals (insert rows as needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name | Dates | Details | Claimed Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Meals** | | |  |
| **Grand Total** | | |  |

|  |  |  |
| --- | --- | --- |
| Amount requested cannot exceed posted travel rates as per Appendix C of the [Eligibility Criteria](https://www.workbc.ca/media/274/download?inline=). The Ministry reserves the right to determine at the time of reviewing a reimbursement claim whether travel costs are eligible and reasonable in relation to the cost of training or for any other reason. Travel costs will not be reimbursed if not approved and included in the Agreement with the Ministry. | | |
|  |  |  |
| **Applicant Contact Name** |  | **Date** |