

Bat Caver Reimbursement Form

Please fill out all sections. Submit the completed form by email or mail, along with all relevant receipts. Please note that the mileage expense is calculated based on the Canadian Revenue Agency's rate and that all receipts related to mileage (i.e. gas) are not required. If you would like to make a gift in the value of this reimbursement request *instead* of receiving a reimbursement payment, please send a request to batcaver@wcs.org about making this gift.

		CONTACT INFORM	IATION	
Full Name				
Phone Number				
Email Address				
Mailing Address				
		TRIP INFORMAT	ΓΙΟΝ	
Journey Start Locatio	n			
Cave Destination				
Journey End Location	1			
		METHOD OF PAY	MENT	
Which would you prefer:		Chec	Cheque	
		TRIP EXPENS	ES	
Mileage expense for			x 0.485 =	
travel in personal veh	icle	Vehicle distance (km)	0.485 (\$/km)	Mileage Total (\$)
Other Expenses Include copies of all receipts		Description		Cost (\$)

Other Total (\$)	
(4)	

Sum Total Expenses (\$)
Milage Expense Total + Other

Email to: batcaver@wcs.org

Or Mail to: BatCaver Program, c/o Box 164, Tahsis, BC, Canada, V0P 1X0

Questions? Call (250) 934-6278

Thank you for participating in the BatCaver program and making a contribution to bat conservation in Western Canada!