Attachment I: Private Vehicle Reimbursement Daily Log							
							Edmonton
Complete, sig	n and submit the form for reimbursement no		ng th	e month that the travel too	k place. (Private Vehicle Reim	bursement Proc	edure).
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 K	M:
<b>Employee:</b> 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.				<b>Supervisor:</b> I confirm that the employee's insurance and license is valid as per the Private Vehicle Reimbursement Procedure.			
Employee Signature		Date		Supervisor Signature		Date	

The personal information contained in this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used to process an employee private vehicle reimbursement claim. Questions about the collection of this information can be directed to: Corporate Accounting and Reporting Director, 6th Floor Chancery Hall, 780-496-7823.