# Overtime/Meal/Mileage Prior Approval Form

## Name:

## Position:

### Cost Centre:

### Please indicate applicable:
- Overtime/TOIL:
- Meal:
- Mileage:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Overtime</th>
<th>Total Hrs</th>
<th>Proposed OT Duties</th>
<th>Meal/Subsistence</th>
<th>Mileage</th>
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**TOTAL OVERTIME HOURS**: 0

### Summary of Overtime

- **Rate 1**: _____ Hrs x $_______ = $_______
- **Rate 2**: _____ Hrs x $_______ = $_______

**Regional Manager/Manager**: __________________________

**Date**: _____________

**Claimant**: ______________

**Date**: _____________

**Note**: MF to cross check against available budget

**Recommended for (Tick Below)**

- Time Off:  
- Entered in ESS: _____________

**Manager Finance**: __________________________

**Date**: _____________

**General Manager [Approved / Not Approved]**: __________________________

**Date**: _____________