



Expense Claim (Fill in unshaded areas. Note Allowances) Effective May 1, 2019

No. _____

Name: _____

Date: _____

Address: _____

Telephone: _____

E-mail: _____

Date	Details ¹	Kms	Lodging (include receipt)	Meals	Other (be specific)	Total
Totals						

All expense allowances consistent with Public Service Sector as follows. Mileage is \$0.4514/km. Receipts are not needed for meals and mileage.

	In province	Out of province	U.S. (Cdn \$)
Breakfast	\$ 8.00	\$11.00	\$14.80
Lunch	\$14.00	\$16.00	\$13.90
Supper	\$19.00	\$24.00	\$39.20
Per Diem	\$41.00	\$51.00	\$67.90

Signed: _____

Date: _____

Approved by: _____ Cheque No. _____ Date: _____

¹ Include reason for expense, stating location of meeting, type of meeting, travel from where to where, etc. Attach necessary receipts.