



Expense Claim (Fill in unshaded areas. Note Allowances) Effective May 1, 2020

No. _____

Name: _____

Date: _____

Address: _____

Telephone: _____

E-mail: _____

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

All expense allowances consistent with Public Service Sector as follows. Mileage is \$0.4625/km. Receipts are not needed for meals and mileage.

| | In province | Out of province | U.S. (Cdn \$) |
|-----------|-------------|-----------------|---------------|
| Breakfast | \$10.00 | \$13.00 | \$20.65 |
| Lunch | \$18.00 | \$20.00 | \$20.90 |
| Supper | \$23.00 | \$28.00 | \$51.25 |
| Per Diem | \$51.00 | \$61.00 | \$92.80 |

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.