



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

No. \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date	Details <sup>1</sup>	Kms	Lodging (include receipt)	Meals	Other (be specific)	Total
<b>Totals</b>						

All expense allowances consistent with Public Service Sector as follows. Mileage is \$0.4535/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: \_\_\_\_\_

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