



Expense Claim (Fill in unshaded areas. Note Allowances) Effective May 1, 2024

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 \$0.5496/km. Receipts are not needed for meals and mileage.

	In province	Out of province	U.S. (Cdn \$)
Breakfast	\$10.00	\$13.00	\$ 24.90
Lunch	\$18.00	\$20.00	\$ 25.20
Supper	\$23.00	\$28.00	\$ 61.85
Per Diem	\$51.00	\$61.00	\$111.95

Signed: _____

Date: _____

Approved by: _____ Cheque No. _____ Date: _____

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