



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

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 \$0.5724/km. Receipts are not needed for meals and mileage.

	In province	Out of province	U.S. (Cdn \$)
Breakfast	\$16.00	\$20.00	\$ 27.95
Lunch	\$23.00	\$25.00	\$ 27.00
Supper	\$31.00	\$35.00	\$ 56.85
Per Diem	\$70.00	\$80.00	\$111.80

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.