



Expense Claim Form

NAME: _____

MEETING: _____

DATE: _____

A. EXPENSES:

Air **	\$ _____
Car _____ kms @ _____ .70 per	\$ _____
Taxi / Uber **	\$ _____
Hotel **	\$ _____
Meals **	\$ _____
Parking **	\$ _____

B. PER DIEM:

# of full days @ \$962.00 per day	\$ _____
# of half days @ \$481.00 per ½ day	\$ _____
# of quarter days @ \$240.00 per ¼ day	\$ _____

C. TRAVEL TIME: _____ \$ _____
(to the nearest ¼ hour at \$30 per ¼ hour)

D. OTHER: _____ \$ _____

TOTAL: \$ _____

** Receipts must be attached to expense claim.

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF EXPENSES CLAIMED.

Signature: _____ Date: _____

**Please keep a copy of your records. Cheque processing time is net 30 days.
Effective January 1, 2024.**