



Expense Claim Form

NAME: _____

MEETING: _____

DATE: _____

A. EXPENSES

Air ** \$ _____

Car _____ kms @ _____.70 per \$ _____

km 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. OTHER _____ \$ _____

TOTAL: \$ _____

**** Receipts must be attached to expense claim.**

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

Signature: _____

Date: _____

CDSS office use only

TOTAL: \$ _____

Date: _____

Cheque #: _____

Inv/Ref: _____

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