



**Saskatchewan Council for Archives and Archivists  
Professional Development and Travel Subsidy Program  
Expense Claim Form, 2017-18**

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

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

Associated member institution (if necessary) \_\_\_\_\_

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

Workshop Title: \_\_\_\_\_ Location: \_\_\_\_\_

Date Funding approved by SCAA: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Description	Amount	GST	Total
Registration			
Hotel*			
Meals*			
Travel Costs _____ km @ \$0.4006/KM			
Air Fare			
Minus amounts received by Institution			
<b>TOTAL</b>			

\*Please note that Hotel and Meals has a maximum of \$125.00/day combined total

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

*Original receipts are required for most items; see guidelines for details.*

***For Office Use Only***

Total amount preapproved	
Has letter of acknowledgement been received by office	
Have all required receipts been handed in	
Date Cheque issued	

We gratefully acknowledge the financial support of the Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation through SaskCulture Inc.



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