



**Saskatchewan Council for Archives and Archivists  
Professional Development and Travel Subsidy Program  
2019-20 Expense Claim Form**

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

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

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

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

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

Workshop Location: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

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

Description	Amount	GST	Total
Registration (non-SCAA events only)			
Hotel (Maximum \$125.00 per day)			
Meals (See guidelines for per diems)			
Travel Costs _____ km @ \$0.4483/KM			
Air Fare			
Minus amounts received by Institution			
<b>TOTAL</b>			

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

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

***For Office Use Only***

Total amount preapproved:	
Has letter of acknowledgement been received by office?	
Have all required receipts been submitted?	
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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