

EXPENSE CLAIM 2023-24

Date Submitted:		Me	eting att	tended: _								
Cheque payable to:				Sig	nature	:						
Address/City/PC:												
Or e-transfer to:												
MEAL Collegens and aut												
MEALS: In province and out	or provii	nce	<u> </u>									
DATES:										TOT	TAL .	
Breakfast \$20.00												
Lunch \$20.00												
Dinner \$30.00												
TRANSPORTATION:												
DATES:										ТОТ	AL	
*Air - Rail - Bus												
Personal vehicle - Km x \$0.5482 OR North of 54 th \$0.5903	km:		km:		km:			km:				
*Taxi												
*Parking												
ACCOMMODATION: (If you	u are ma	king you	ır own a	ırrangeme	ents)							
DATES:										ТОТ	AL	
*Hotel (\$125 per night or reasonable charges supported by receipts)												
Private Residence (\$35.00 per night)												
*OTHER:												
DATES:										ТОТ	AL	
	İ											
							тот	AL:				
* RECEIPTS WILL BE REQ where no receipts are avai	<i>UIRED</i> w lable or f	vith the of	exceptic per die	on of clain ms. (202	ns for a	auto rate	omobile	travel, i	oarking skCultur	expenses e)		
SCAA USE ONLY					********							
Authorized signature	uthorized signature			 Date paid					Cheque/etransfer confirmation #			