

EXPENSE CLAIM 2025-26

Date Submitted:		Mee	eting atte	ended: _						
Cheque payable to:				Sigr	nature:					
Address/City/PC:										
Or e-transfer to:										
MEALS: In province and out	of provin	ce								
DATES:									TOTAL	
Breakfast \$20.00										
Lunch \$20.00										
Dinner \$30.00										
TRANSPORTATION:										
DATES:									TOTAL	
*Air - Rail - Bus										
Personal vehicle - Km x \$0.5724 OR North of 54 th \$0.6164	km:		km:		km:		km:			
*Taxi										
*Parking										
ACCOMMODATION: (If you	are mak	ing you	r own a	rrangeme	ents)					
DATES:									TOTAL	
*Hotel (\$125 per night or reasonable charges supported by receipts)										
Private Residence (\$50.00 per night)										
*OTHER:										
DATES:									TOTAL	
						TO	ΓAL:			
* RECEIPTS WILL BE REQ where no receipts are avail	<i>UIRED</i> example of formal control of the control of	cept for	r claims per dier	for autor ms. (202	mobile t 24-25 ra	ravel, pa tes base	rking exp ed on Sas	oenses skCulture	e)	
SCAA USE ONLY				*************						
Authorized signature			Date paid				Cheque/etransfer confirmation #			