

**EXPENSE REPORT FORM**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

**ACCOMMODATIONS – Maximum per Diem allowance is TBD**

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

**MEALS – Maximum per Diem allowance is TBD**

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ \$ \_\_\_\_\_

**TRAVEL – Paid at 50 cents per kilometer.**

DATE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ KM \_\_\_\_\_

DATE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ KM \_\_\_\_\_

**OTHER EXPENSES**

(Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENSES CLAIMED** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**PAID BY** \_\_\_\_\_ **CHEQUE #** \_\_\_\_\_

**NB: PLEASE ATTACH RECEIPTS TO THIS REPORT WHERE APPLICABLE.**