



Expense Claim

Name: _____ Inclusive dates from: _____

Location of meeting: **Saskatoon, SK** Position: _____

Subject of meetings: **SK Links to Learning**

Travelled from: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
MEALS:	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	
Breakfast: 19.45		Provided	Provided	Provided		\$ _____
Lunch: 19.20		Provided	Provided	Provided		\$ _____
Dinner: 48.15						\$ _____
TOTAL MEAL ALLOWANCE					Sub total	\$ _____

Private Accommodations \$50.00 x _____ days = _____

Incidental Expense Allowance \$17.30 x _____ days = _____

Kilometre rate:
AB - 46.5
BC - 51.5
MB - 49.0
NB - 52.0
NF - 56.0
NS - 51.5
NT - 61.0
NU - 59.0
ON - 57.5
PEI - 50.5
QC - 52.0
SK - 48.5
YK - 62.0

Parking (receipts required) \$ _____

Taxi / Shuttle / Ferries (receipts required) \$ _____

Automobile: _____ x _____ kms = \$ _____

Baggage Fee (receipts required) \$ _____

Total Claim = \$ _____

IMPORTANT* Please make cheque payable to:

Name: _____

Address: _____

Postal Code: _____

X _____

Delegate Signature (Mandatory)

X _____

Signature of authorizing officer (Cando)

Please submit expense claims with receipts via fax or email:

Attention Finance Department
DEADLINE: October 12, 2018

Fax: (780) 429-7487
Email: jessica.sanderson@edo.ca