

Expense Form 2025



Date:

Name:

Attendance to Which Event/Location:

Expenses Incurred:

Transportation: Automobile \$0.55 per kilometre

** 2 or more people should travel in one vehicle whenever possible**

\$0.55 X _____ km

Transportation Total \$ _____

Hotel: Based on Sharing – 2 per room

Receipt must be attached

Hotel Total \$ _____

Meals:	Breakfast (\$15)	1	2	3	4
	Lunch (\$15)	1	2	3	4
	Supper (\$20)	1	2	3	4

Meal Total \$ _____

Other: *Specify and attach receipts*

Other Total \$ _____

Total Expenses \$ _____

Claimant's Signature: _____

Head Official's Signature: _____

Reimbursement options:

Mail Cheque (address required, please include postal code): _____

E-transfer (email address): _____

Direct Deposit (please include a copy of a void cheque)