



Expense Claim



Name: _____ **Inclusive dates from:** _____

Location of meeting: Saskatoon, SK **Circle One:** EDO / Land Manager

Subject of meetings: SK Links to Learning

Travelled from: _____

Monday Tuesday Wednesday Thursday Friday

MEALS: Mar 27th Mar 28th Mar 29th Mar 30th Mar 31st

Breakfast: 17.00		Included	Included	Included		\$ _____
Lunch: 17.25		Included	Included	Included		\$ _____
Dinner: 45.55						\$ _____

TOTAL MEAL ALLOWANCE

Sub total \$ _____

Incidental Expense Allowance \$17.30 x _____ days = \$ _____

Kilometre rate:
SK - 45.5

Airfare (*receipts required*) \$ _____

Hotel (*receipts required*) \$ _____

Parking (*receipts required*) \$ _____

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

Automobile: 45.5 per/KM x _____ kms = \$ _____

Total Claim = \$ _____

IMPORTANT* Please make cheque payable to:

Name: _____

Address: _____

Postal Code: _____

X _____

Delegate Signature

X _____

Signature of authorizing officer
(Cando)

Please submit expense claims via fax or email:

Attention Finance Department - J. Barry-Sanderson

DEADLINE: April 14, 2017

Fax: (780) 429-7487

Email: jessica.sanderson@edo.ca