



Travel Expense Claim Form

Employee Name:	<input type="text"/>	Dep. Head Name:	<input type="text"/>
Employee Signature:	<input type="text"/>	Dep. Head Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>
Purpose of Travel:	<input type="text"/>		

Travel Dates:	Description of Travel Expenditures (PLEASE ATTACH ALL ORIGINAL RECEIPTS)	Hotel	Meals	Conference Fees	Mileage	Other	GST Paid	TOTAL
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please submit completed form and receipts to Sarah Wilson or Bev Penner

Mileage Rate Effective May 1, 2017

\$0.4.006/KM

Per Diem Rates Effective May 1, 2017

	In-Province CAN \$	Out-of-Province CAN \$	In United States USD
Breakfast	8	11	11
Lunch	14	16	16
Dinner	19	24	24
Total Per Day	\$ 41.00	\$ 51.00	\$ 51.00