



Expense Claim

Name: _____ Inclusive dates from: _____

Location of meeting: Enoch, AB Position: _____

Subject of meetings: Economic Development Youth Summit 2018

Travelled from: _____

	SUN	MON	TUES	WED	THURS	
	22-Jul	23-Jul	24-Jul	25-Jul	26-Jul	
MEALS:						
Breakfast: 19.45		Provided	Provided	Provided	Provided	\$ _____
Lunch: 19.20		Provided	Provided	Provided		\$ _____
Dinner: 48.15	Provided		Provided	Provided		\$ _____
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: 42.0 per/K x _____ kms = \$ _____

Baggage Fee \$ _____

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 - J. Sanderson
DEADLINE: August 31, 2018

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