

Expense Claim

Name: _____	Inclusive dates from: _____
Location of meeting Whitehorse, YK	Position Title: _____
Subject of meetings Yukon Links to Learning 2019	
Travelled from: _____	

		Tuesday	Wednesday	Thursday	Friday	Saturday	
		16-Jun-19	17-Jun-19	18-Jun-19	19-Jun-19	20-Jun-19	
MEALS:							
Breakfast: 20.50			Included	Included	Included		\$ _____
Lunch: 20.10			Included	Included	Included		\$ _____
Dinner: 50.65				Included			\$ _____
TOTAL MEAL ALLOWANCE							Sub total \$ _____

Kilometre rate: YK - 61.5	<table style="width: 100%;"> <tr> <td style="width: 60%;"> Airfare <i>(receipts required)</i> Hotel <i>(receipts required)</i> Parking <i>(receipts required)</i> Taxi / Shuttle / Ferries <i>(receipts required)</i> Automobile: 61.5 per/KM </td> <td style="width: 40%; text-align: right;"> \$ _____ \$ _____ \$ _____ \$ _____ _____ kms = \$ _____ </td> </tr> </table>	Airfare <i>(receipts required)</i> Hotel <i>(receipts required)</i> Parking <i>(receipts required)</i> Taxi / Shuttle / Ferries <i>(receipts required)</i> Automobile: 61.5 per/KM	\$ _____ \$ _____ \$ _____ \$ _____ _____ kms = \$ _____
Airfare <i>(receipts required)</i> Hotel <i>(receipts required)</i> Parking <i>(receipts required)</i> Taxi / Shuttle / Ferries <i>(receipts required)</i> Automobile: 61.5 per/KM	\$ _____ \$ _____ \$ _____ \$ _____ _____ 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
DEADLINE: June 30, 2019

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