



EXPENSE FORM

Rates Effective: October 1, 2024

EXPENSES INCURRED WHILE ATTENDING

Event: _____

Location: _____

Dates: _____

SUBMITTED BY

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Date Submitted: _____

Signature: _____

I hereby certify the expenses detailed in this form were incurred on CAS business

TRAVEL COSTS

_____ kms at 57.24 cents/km = \$ _____

(North of the 54th parallel)

**runs just North of Waskesiu and just South of Meadow Lake*

_____ kms at 61.64 cents/km = \$ _____

ACCOMMODATION COSTS (attach receipts)

_____ night(s) at \$ _____ per night = \$ _____

MEALS (in province)

_____ Breakfast - \$16 = \$ _____

_____ Lunch - \$23 = \$ _____

_____ Dinner - \$31 = \$ _____

(daily per diem maximum = \$70)

MEALS (out of province)

_____ Breakfast - \$20 = \$ _____

_____ Lunch - \$25 = \$ _____

_____ Dinner - \$35 = \$ _____

(daily per diem maximum = \$80)

OTHER EXPENSES (attach receipts)

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

GRAND TOTAL EXPENSE CLAIM = \$ _____

FOR OFFICE USE ONLY

Initials: _____

Invoice batch #: _____

Payment batch #: _____

Cheque #: _____ or Paid by EFT: _____

Date downloaded from Beanworks: _____

Acct # _____ Amount: _____

Acct # _____ Amount: _____

Acct # _____ Amount: _____

Vendor #: _____