

Claimant: _____ Address: _____ Phone: _____

A. TRAVEL COSTS calculated by Kilometre Rate (72¢/km) + 10¢/km if passengers in vehicle

Date	Purpose	Destination	Home	Distance	Rate	Cost
					X	
					X	
					X	
					X	
					X	
					X	
					TOTAL	

Names of Any Passengers

C. OTHER EXPENSES

Date	Purpose	Supplier	Cost
Total Other EXPENSES			

Per Diem (no receipts required)

Breakfast	\$25.00	
Lunch	\$25.00	
Dinner	\$35.00	
		TOTAL Claim
		Total Approved for Disbursement

Kilometers (one way)

	DG	SkidL	Sand	Skid	Tl'all	Port	Masset	GT
Skid L	8	X	13	3	46	60	105	110
Sand	21	13	X	16	59	74	119	124
Skid	11	3	16	X	43	57	102	107
Tl'all	54	46	59	43	X	21	59	64
Port	68	60	74	57	21	X	45	50
Masset	113	105	119	102	59	45	X	5
Gaw Tl'agee	118	110	124	107	64	50	5	X

Books by:

Entry Date:

Amount:

C-Date:

Check Number:

Signature: _____

Date: _____