

Expense Report



Purpose: _____
 Date: _____
 Name: _____

| Date | Description | Air & Trans. | Lodging | Fuel Receipt/KM At \$.58 | Meals & Tips | Entertainment | Other | Total |
|------|-------------|--------------|---------|--------------------------|--------------|---------------|-------|-------|
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | - |
| | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - |

Note: KM reimbursement for personal Vehicle = \$0.58/KM
 KM reimbursement follows District of Chetwynd Travel claim expense form

| | | |
|---------------------|----|---|
| Subtotal | \$ | - |
| Advances | | |
| Total Reimbursement | \$ | - |

Signature _____ Date _____