



# – Expense Form

PO Box 32080, Regina, SK S4N 7L2

Name	
Address	
City/Prov	Postal code
Phone	Email

Description of Expense:


Category:

Account

(TriSask office Use Only)

1. Mileage	_____ km	@\$0.40/km		\$ _____	
2. Meals	_____ Breakfast	In Province @\$8.00	Out of Prov @\$11.00	\$ _____	_____
	_____ Lunch	@\$14.00	@\$16.00	\$ _____	_____
	_____ dinner	@19.00	@\$24.00	\$ _____	_____
3. Fee Payment	Breakdown cost according to job description and time				
	_____ Hours	@ \$ _____ per hour		\$ _____	_____
	_____ Hours	@ \$ _____ per hour		\$ _____	_____
4. Miscellaneous	Please attach receipts			\$ _____	_____
	_____			\$ _____	_____
	_____			\$ _____	_____
Total				\$ _____	_____

Signature

Date:

\_\_\_\_\_

TriSask Authorization:	TriSask Cheque #:
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