MILEAGE EXPENSE CLAIM

Clear Form

NAME:		DATE SUBMITTED	
ADDRESS:		REASON:	

*** Please do not use this form for General Expense Claims. *** Download the General Expense Claims Form.

General Expense Claim Form

DATE EXPENSE INCURRED	FULL DETAILS OF EXPENSE	MILEAGE	TOTAL
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00
		km	$0.00

TOTAL MILEAGE CLAIMED:	0 km	@ $0.54 / km	CLAIM TOTAL	$0.00

Clear Form

CERTIFICATE

THIS IS TO CERTIFY THAT THE AMOUNTS SHOWN ON THIS STATEMENT WERE INCURRED BY ME ON BEHALF OF CUPE 1019

SIGNATURE: _____

PAYMENT RECOMMENDED BY: _____

APPROVED BY: _____

PAID BY CHEQUE #: _____

DATE: _____

DISTRIBUTION OF CHARGES		
ACCOUNT	$	¢