Expense Claim Form

Enter Amounts before G.S.T.
Program is such that filling out the form on your computer calculates amounts automatically.

Please complete all areas of the form.
Receipts must be included for all expenses other than meals and mileage.
Please check in the "ON SCoP MC" column any expenses that were charged to the College Mastercard. It is assumed all other expense are due to the claimant.

Please submit form to:
Saskatchewan College of Paramedics
851 Argyle Street North
Regina, SK S4R 8H1

Date	Breakfast @ $8	Lunch @ $14	Dinner @ $19	Travel	Mileage @ .3968/km	Hotel	Office	Phone	Misc	On SCoP MC	GST	Total
										☐		
										☐		
										☐		
										☐		
										☐		
										☐		
										☐		
										☐		
										☐		
										☐		
TOTAL												

Claimant Name _____
Address _____
City/PC _____

Authorized by _____
Date Submitted _____

Date:	Purpose:

I certify that this claim reflects costs associated with my duties on behalf of the Saskatchewan College of Paramedics.

Signature of Claimant _____ Date _____

Revised Oct. 23, 2009