Expense Claim Form

Please complete all areas of the form.
Receipts must be included for all expenses other than meals and mileage.

Please submit form to:
Saskatchewan College of Paramedics
205 - 3775 Albert Street
Regina SK S4S 6W8

Date	Breakfast @ $8	Lunch @ $14	Dinner @ $19	Travel - in province		Hotel	Office	Phone	Misc	
				Distance in kms	Rate is .4552 per km					
TOTAL	$0.00	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**

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 October, 2019