

From (dd/mm/yy)	To (dd/mm/yy)
13/02/2023	13/02/2023

Name of Claimant: Surname, First Name
Seeley, James

I warrant that I have a valid driver's licence and vehicle insurance coverage.

☒ Check if the above is not applicable

Approval

13/02/2023
Date (DD/MM/YY)

3/2/2023
Date (DD/MM/YY)

Business Travel Detail						
Item No.	Date (dd/mm/yy)	Destination/Explanation	Daily Travel (km)	From (Location)	To (Location)	Includes return km (Yes/No)
1	12/02/2023	MPP Rae Stratford office	158km	Home Morrisston	55 Lorne Ave Stratford	Yes
2						
3						
4						
5						
6						
7						
Total Kilometers			158			
Rate/km			\$ 0.50			
Total Mileage			\$ 79.00			

79 MC*

01 0180 4308

Business Expense Detail (Attach all original and itemized invoices/receipts)				
Item No.	Date (dd/mm/yy)	Item Description	Total Expenses (including taxes)	General Ledger Account Code
1				
2				
3				
4				
5				
6				
7				
Totals			\$ -	
Total \$ Amount Due			\$ -	