

From (dd/mm/yy)	To (dd/mm/yy)
31/3/23	31/3/23

Name of Claimant: Surname, First Name
Sepulis John

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

☐ Check if the above
is not applicable

Claimant's Signature

Ap

31/03/23
Date (DD/MM/YY)

4/6/2023

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	31/03/23	Attend CAO/Mayors meeting on behalf of Mayor.	74	Puslinch	1 MacDonald Sq. Elora	yes
2						
3						
4						
5						
6						
7						
Total Kilometers			74			
Rate/km			\$ 0.50			
Total Mileage			\$ 37.00			

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			\$ 37.00	