

From (dd/mm/yy)	To (dd/mm/yy)
1/1/2023	11/12/2023

Name of Claimant: Surname, First Name
Bailey, Sara

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

Claimant

11/12/23
Date (DD/MM/YY)

☐ Check if the above is not applicable

Approver

12/17/2023

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	21/06/23	Safe Communities Well. Cou. Museum	37x2 74km	Township Office	Well. County Museum	Y
2	20/09/23	Safe Communities	48km	"	Rockwood OPP	Y
3	15/11/23	Safe Communities	140km	"	Tiviotdale OPP	Y
4						
5						
6						
7						

Total Kilometers 262
Rate/km \$ 0.50
Total Mileage \$ -

\$131.00 Total

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 \$ -