



Expense Tracking - Client Travel & Related

Name: _____ Area: _____ Month: _____, 20

(PLEASE PRINT CLEARLY)

Date	Destination	Description	Distance	*ASC Van	Meals	Fees	Employee

*ASC Van Mileage _____ @ .47/km = _____
 Other Mileage _____ @ .47/km = + _____
 Fees/Meals _____ + _____
 Total _____ = _____

<u>Meal Allowances</u>
\$10.00 Breakfast
\$11.00 Lunch
\$15.00 Supper

Approved By: Supervisor/Designate _____ Reconciled By: _____

Binder(s):	Human Resources					Page:	1 of 1
Section(s):	Benefits	R/R	Apr 13/04	R/R	Aug 13/12	R/R	Apr 1/17
Program Area(s):							