

Swim Saskatchewan

(306) 780-9291 or 780-9238 Fax: (306) 525-4009 www.swimsask.ca office@swimsask.ca

Expense Statement

Date:				
lame:				
ddress:				
City/Town:		Postal Code:		
Reason for exper	nse:			
oate(s):		Location:		
ravel Cost: Bus	s/Air (Receipt Required)		\$	
ravel Cost: Car	km X .45¢/km		\$	
Interprise Car Ro	vehicle is a permissible optientals usually has very good	weekend rates with	unlimited kilometers.	
	Nights Cost (Rec	eipi Kequirea)	Φ	
leals:	X \$10.00 = Breakfast	\$		
	X \$15.00 =	\$		
 ;	X \$25.00 = Supper	\$		
	(= \$50.00 per diem)	Total for all Meals	\$ \$	
liscellaneous:	Phone:		\$	
Receipts Require	d Other:		\$	
For all Miscellaneous Other:			\$	
SRAND TOTAL:			\$	
hereby certify th	nat the above expenditures w	ere incurred during a	authorized Swim Saskatchev	
Signature:				
Did	you remember to attach receipts?			
For office use only:				
Executive Di	rector	Date GL#&Am	ount GL # & Amount	



