



**Girl Guides of Canada** **Guides du Canada**  
**Saskatchewan Council**

200-1530 Broadway Avenue  
 Regina, SK S4P 1E2

**EXPENSE CLAIM FORM**

Date: \_\_\_\_\_ 20\_\_

Name: \_\_\_\_\_ iMIS #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Position in Guiding: (relating to expense) \_\_\_\_\_

Department/Meeting/Event and Event Date: \_\_\_\_\_

- |   | AMOUNT          |
|---|-----------------|
| 1. Travel @ \$ _____/km                               |                 |
| _____ to _____ return = _____ km                      | \$ _____        |
| _____ to _____ return = _____ km                      | \$ _____        |
| Passengers _____                                      |                 |
| _____   |                 |
| 2. Meals – maximum of \$35/day                        | \$ _____        |
| <small>Breakfast/\$7; Lunch/\$10; Supper/\$18</small> |                 |
| 3. Accommodation                                      | \$ _____        |
| 4. Telephone  | \$ _____        |
| <small>PLEASE MARK AND ATTACH RECEIPTS</small>        |                 |
| 5. Postage and Courier                                | \$ _____        |
| 6. Stationery Supplies                                | \$ _____        |
| 7. Groceries  | \$ _____        |
| 8. Other  |                 |
| _____   | \$ _____        |
| _____   | \$ _____        |
| _____   | \$ _____        |
| <b>TOTAL</b>  | <b>\$ _____</b> |

FOR OFFICE USE ONLY			
ACCT/DEPT	AMT	GST	PST
70150/_____	\$ _____	_____	_____
70150/_____	\$ _____	_____	_____
70200/_____	\$ _____	_____	_____
70200/_____	\$ _____	_____	_____
70250/_____	\$ _____	_____	_____
70300/_____	\$ _____	_____	_____
70350/_____	\$ _____	_____	_____
70210/_____	\$ _____	_____	_____
_____/_____	\$ _____	_____	_____
_____/_____	\$ _____	_____	_____
_____/_____	\$ _____	_____	_____
<b>FOR OFFICE USE ONLY</b>			

Please attach receipts for all expenses except car travel and meals. If you have paid other Guiders expenses please list names and department.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Person Claiming Expense Department/Budget Chairperson