ite Ne	ew Brunsw	ick Expense	Claim Fo	orm				Skate Patinage NB
Informa	ation							
					Date:			
ss:								
				-	Approved by:			
#:					Approved date:			
				-				
ure:							1	
	Event (if applicab	le):						
				Expenses				
					Travel Amount	Meals	Rentals	Other
Date		Description		Travel KMs	#5736	#5737	#5739	
					Single driver	Driver +	Passenger	
	Travel Application					passenger		
	Do you wish to donate a portion of your claim to a skat program? If so, indicate amount here:					Total Claim	\$0.00	
	program? if so, ii	ndicate amount nere		\$0.00		Less donation	\$0.00	
	Breakfast	\$15.00				TOTAL DUE TO PAYEE	\$0.00	
	Lunch	\$20.00						
	Supper	\$30.00					Please mail cheq	
	Mileage	\$0.52/km					Cheque will be pi	скеа ир
		opted June 2025)					_	
		mileage, per diem an to be a distance of 1						
		d by the Executive C		• /	J	•		
	Per diem may be	covered should mea	ls not be provide	ed				
	Office was and			_		_		
	Office use only Date			GL				
	Cheque			Fund				
				1	ı			Novembe