



Expense Claim Form

Please complete all areas of the form.

Receipts must be included for all expenses other than meals and mileage.

Please submit form to:

Saskatchewan College of Paramedics
205 - 3775 Albert Street
Regina SK S4S 6W8

Date	Breakfast @ \$10	Lunch @ \$18	Dinner @ \$23	Travel - in province		Hotel	Office	Phone	Misc		
				Distance in kms	Rate is .4850 per km						
TOTAL	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Claimant Name _____
 Address _____
 City/PC _____
 Authorized by _____
 Date Submitted _____

Date:	Purpose:

I certify that this claim reflects costs associated with my duties on behalf of the Saskatchewan College of Paramedics.

Signature of Claimant _____ Date _____