

Ministry of Children and Family Development
Travel Expense Claim for Non-Government Employees



Invoice #

Cheque Information

Payee Name: _____

Mailing Address: _____

Reason for Travel: FASD Training: Key Workers and Clinical Supervisors

Date of Travel 2017		Places Travelled	Personal Vehicle Use Distance x Km Rate: \$ 0.53		Bus/Taxi/ Air/Ferry	B	L	D	Meals	Miscellaneous (parking, car rental, phone, etc)		Total daily costs
M	D	From / To (enter city name)	KM	\$	\$	✓	✓	✓	\$	cost	description	\$
Claim Total												

Traveler's signature

date

Certified this is a true statement of disbursements made to which I am entitled as a result of travel on government business as detailed above and for which I have not been and will not be reimbursed by any other party.

Authorizing signature

date

Certified correct pursuant to Group I Rates and applicable Sections 32 & 33 of the *Financial Administration Act* and related government travel