Expense Form

Rates Effective Oct 2025

Expenses Incurred While Attending:

Location: **Dates:**

Submitted By

Name:

Address: **City:**

Province: **Postal Code:** **Email:**

Signature: _____ **Date Submitted:**
I hereby certify the expenses detailed in this form were incurred on SOS business.

Authorized: _____ **Date**: _____

Travel

Ordinary _____ kms at 55.55 cents / km = $ _____
North of 54th Parallel _____ kms at 59.81 cents / km = $ _____

Accommodation (Receipt required) $ _____

Meals (in province)	**Meals (out of province)**
_____ Breakfast $ 16.00 = $ _____	_____ Breakfast $ 20.00 = $ _____
_____ Lunch $ 23.00 = $ _____	_____ Lunch $ 25.00 = $ _____
_____ Supper $ 31.00 = $ _____	_____ Supper $ 35.00 = $ _____
Per diem: $ 70 per day	Per diem: $ 80 per day

Other: provide explanation and receipts $

Total $

Office Use:
Account Code: _____