



Manitoba Citizens On Patrol Program – Expense Claim Form

Name: _____ Date _____ / _____ / _____
Day Month Year

Mailing Address: _____

Town/City: _____ Postal Code: _____

Mileage Expense

Date	Starting Point	Destination	Km Travelled

Total Kilometers _____ x Rate: \$0.400/km = \$ _____
(Northern Rate: \$0.444/km)

Meal Expenses*

Date	Description (breakfast, lunch, supper)	Cost

*Note: Original receipts for all expenses are required for reimbursement. Meals will be reimbursed up to the maximum corporate rates: Breakfast: \$7.92, Lunch: \$11.61, Supper: \$17.41.

Accommodation Expense (original copy of bill required)

Date	Facility	Cost

Total Expenses

	Total Cost
Mileage	
Meal	
Accommodation	
Telephone	
Total Amount:	

I certify that the foregoing is a true and correct statement of my travel and that the expenses shown were incurred by me entirely on Citizens On Patrol related business. All original receipts have been submitted.

Signature of Claimant

Approved By