

Funeral and Cremation Services Council of Saskatchewan

3847C Albert Street, Regina, SK, S4S 3R4
Phone: (306) 584-1575 Fax: (306)584-1576

EXPENSE CLAIM VOUCHER

NAME: _____ ADDRESS: _____

CITY: _____ POSTAL CODE: _____

FUNCTION: _____

LOCATION: _____ DATE(S): _____

PER DIEM:

Chairperson of Council _____ day(s) @ \$450.00= \$ _____

Council Member _____ day(s) @ \$350.00= \$ _____

Chair of a Committee *and/or*
Committee Member _____ day(s) @ \$350.00= \$ _____

Tele-conference Meeting @ \$200.00= \$ _____

MILEAGE: _____ kilometers @ 0.3968¢ per kilometer \$ _____

OTHER EXPENSES: (attach receipts)

_____ (GST Paid _____) \$ _____

_____ (GST Paid _____) \$ _____

_____ (GST Paid _____) \$ _____

TOTAL AMOUNT CLAIMED \$ _____

_____ Date

_____ Signature

OFFICE USE ONLY: Expense Code: _____ Date Paid: _____ Cheque #: _____
