



SASKATCHEWAN BUILDING OFFICIALS ASSOCIATION INC.

www.sboa.sk.ca

10.18 Expense Reimbursement Claim

Name: _____

Address: _____

Email: _____

The following expenses were incurred in connection with:

Event: _____

Location: _____ Dates: yyyy-mm-dd to yyyy-mm-dd

Others for whom transportation and/or hospitality were provided: _____

Date(s)	Expenditure (attach receipts)*	Amount
TOTAL CLAIMED		

*see SBOA Policy [8.04 Reimbursement for Expenses on SBOA Business](#) for rules

* mileage rate as of 2017-01-01 \$0.45 per kilometre

Claimant Signature: _____ Payment Approved by: _____

Date: yyyy-mm-dd Date Approved: : yyyy-mm-dd

Date Paid: : yyyy-mm-dd

Cheque #: _____