# Trustee Expense Statement

| Period Ending | | |
|---|---|---|
| DD | MM | YY |

| | |
|---|---|
| Employee #: | |
| Name: | |
| Address: | |
| Cost Centre: | |

| Km Rate |
|---|
| 0.55 for all mileage effective 4/1/2022 |

| Date | Destination & Reason for Expense | $ Other | # Km |
|---|---|---|---|
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|---|---|
| **Total Kilometers Traveled (see instructions on 2nd tab):** | 0.00 |
| Total Other | $0.00 |
| Total Km | $0.00 |
| Total Expenses | $0.00 |

Requested By (signature):

Approved By (signature):

| Fund Type | Cost Centre | Exp. Cat. | Exp. I.D. | Location | Program I.D. | Program Gr. Level | Amount |
|---|---|---|---|---|---|---|---|
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| | | | | | **Total Expenses** | | |