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

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
					Total Expenses		