Southwest New Brunswick Service Commission

Board Member and Committee Member
Expense Report

Name: _____ Beginning YTD Mileage: _____

Date Submitted: _____

Beginning Date: _____

End Date: _____

Please fill out this form, save to your computer and email to info@snbsc.ca

DATE	MEETING CODE	MEETING LOCATION	MILEAGE	Rate/KM	MILEAGE CHARGE	PER DIEM	MEAL	HOTEL	OTHER	TOTAL

New YTD Mileage: _____ KM

Total Claimed _____
Less Advances _____
Total Claim _____

NOTES: See Meeting Explanation on back.

_____ Claimed by

_____ Approved by

PO Box70
St. Stephen, NB

Phone # 506-466-7830
Fax # 506-466-7833

1-800-561-5615
info@snbsc.ca