



NSCCT EXPENSE CLAIM FORM (F-09.0)

NAME:

ADDRESS:

EMAIL:

PHONE:

PLEASE SELECT YOUR PREFERRED REIMBURSEMENT METHOD:

TRAVEL

Meeting Date	Committee or Reason for Travel	Kilometers Traveled	Rate (¢/km)	Amount
				<u>Sub-Total</u>

PURCHASES

Date of Purchase	Items Purchased	Reason for Purchase	Amount
			<u>Sub-Total</u>

Signature:

Total Claim Amount (Travel + Purchases)

Date:

Rate: \$0.511/km. Effective April 1 2025 as per [Nova Scotia Government Kilometrage Policy](#)

Submit Claim Form to info@nscct.ca

Relevant Policy: [Expense Claim Reimbursement](#)