

NSCCT EXPENSE CLAIM FORM (F-09.0)

DDRESS: MAIL: PHONE: LEASE SELECT YOUR PREFERRED REIMBURSEMENT METHOD: TRAVEL Meeting Committee or Reason Kilometers Rate (c/km) Amount for Travel Traveled (c/km) Sub-Tota PURCHASES Date of Items Purchased Reason for Purchase Amount Purchase Total Claim Amount (Travel + Purchases) Date:	4 3 4 E				(- 0	,
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Rate: \$0.511/km. Effective April 1 2025 as per Nova Scotia Government Kilometrage Policy

Relevant Policy: Expense Claim Reimbursement

Submit Claim Form to info@nscct.ca