

**PROVINCE OF PRINCE EDWARD ISLAND
LOW MILEAGE TRAVEL EXPENSE CLAIM**

*Note: Amounts claimed on this form are paid through Payroll and will have Income Tax and other statutory amounts deducted.
Eligible Monthly Allowance paid automatically through Payroll.*

NAME:	VENDOR NUMBER:
HOME ADDRESS:	EMPLOYEE NUMBER:
	DEPARTMENT:
Travel BEGIN DATE: Day/Month/Year:	Travel END DATE: Day/Month/Year:

NOTE: Claims for Meals & Other Expenses MUST be submitted on the In-Province Travel Expense Claim

DATE	DESTINATION & PURPOSE OF TRAVEL AND EXPLANATION OF EXPENSES	KMS	SUB-TOTAL
	Eligible Monthly Allowance paid automatically through Payroll Yes / No		

FISCAL YEAR KM RECORD

This Claim: _____ kms @ _____ Per km x 50%

Previous Claim: _____ kms @ _____ Per km x 50%

Total to Date: _____

TOTAL	
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I am aware that Insurance coverage on my vehicle against liability for bodily injury and property damage up to \$1 million is my responsibility and the Government insurance policy will only cover that portion of a claim in excess of \$1 million, if accident occurs on Government business.	GL Account Code(s):			Payroll Amount
	Section	Object	Program	
	01-			
	01-			
01-				

I certify that the above account of travel expenses is correct in all respects and that all expenses reported were necessarily incurred on official Government business.

_____ (EMPLOYEE Signature)	APPROVED BY _____ (Authorized Signature)	Entered in Payroll _____ (Signature)
_____ (Date)	_____ (Date)	_____ (Date)