

University of Regina Academic Assistants Union CUPE 2419 AH 411.3, 3737 Wascana Parkway Regina SK S4S 0A2 e-mail: cupe2419@uregina.ca Website: 2419.cupe.ca

Mileage Claim

Name:	Date Submitted:
Address:	Reason for Expense:

Date Expense Incurred	Full Description of Expense &/or Reason	Distance (kilometers)
	Total KMS	
	Rate per KM	\$0.54

Certificate: This is to certify that the amount/s shown on this statement were incurred by me

on behalf of CUPE Local 2419. Signature: _____

Payment Recommended by: _____Approved by:

Paid by Cheque No.:_____Date:_____