POLICY AND PROCEDURE: **CITY OF MARTENSVILLE**

NAME: TRAVEL EXPENSE STATEMENT **POLICY NO:** 43/94

*****APPROVED TRAVEL ONLY**

DATE: _____

PAYABLE TO: **NAME:** _____

ADDRESS: _____

_____

_____

TO: _____ **FOR:** _____

MILEAGE: _____ km @ $0.7641per km = _____

Effective as of October, 2026

*****Subject to change as per Government of Saskatchewan**

MEALS:

#	In Province:	Total:	#	Out of Province:	Total:
_____	Breakfast - Max $16.00 =	_____	_____	Breakfast - Max $20.00 =	_____
_____	Lunch - Max $23.00 =	_____	_____	Lunch - Max $25.00 =	_____
_____	Supper - Max $31.00 =	_____	_____	Supper - Max $35.00 =	_____

***Per diem $70.00**

***** Attach conference agenda**

ACCOMMODATION: HOTEL RATE = _____ @ $ _____ = _____

*****Receipts must be attached for reimbursement.**

Other: _____ = _____

_____ = _____

_____ = _____

TOTALS: = _____

SIGNATURE: _____

APPROVED BY: _____

Council Adopting Resolution:	Date:
Amended #108/010213	Feb. 13/01
Amended #123/020312	Mar.12/02
Amended #437/050920	Sept.20/05
Amended #120/031808	Mar 18/08