CLAIM FOR MEALS AND LODGING EXPENSES

- For use by an employee of an airline, railway, bus or transport company.
- See the latest version of Information Circular 73-21 and the Employment Expenses Tax Guide for details.
- If there is not enough space below, attach another sheet of paper. You must be able to prove your claim with receipts if we ask you to.

				Fn	inlovee informatio	n . To	he filled in hy	the emi	alovac		_			_	
Family o	or last na	me			nployee informatio	Usus	al first name	the emp	Dioyee	`	 	Social	l insurance	number	-
				From			То					Met	hod used		
Period of employment during 19				19			19			Deta	tailed Simplified Batching				3 🔲
		T .		— Tripa	and expense sumn	nary -	To be filled in	by the e	employe	ee ——					
	Average No. of Home Termi		Home Terminal		Away from Home Terminal		Service	Meals Purchase		Purchased		<u></u>	Lodgings		
Days	Days Trips	Trip*			7 077		Classification	No.		Cost	ĺ	No.		Cost	
									\$				\$		
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		cost on							\$		(1)		\$		(1)
			ents you received for	-	se expenses on line	2					(2)		ļ		(2)
			e 1 - Enter the result						\$	1/ 000/	(3)		\$		(3)
Multiply line 3 under "Meals Purchased" by 80%*** X 809															(4)
			4 under "Lodgings"	des Personal	Formation and the second				\$		الــــ				(4)
			3 under "Lodgings" p		Enter the total on III	ne 5							*		(3)
Note:	erunsa	moont to	line 229 of your ret	urn											
*	The "A	verage l	No. of Hrs. per Trip"	is the aver	age length of time	vou s	nent away fron	n the mi	ınicipa	lity and metr	nnolita	an area	if there	is one w	uhere
	you no	rmally re	port for work.												
* *	"Servi	ce Class	ification" applies on	ly to claims	made by railway e	emplo	yees. Enter y	our clas	s of se	rvice such a	ıs engi	ineer, t	trainman	mainten	ance
* * *	man, c	onducto	r, motorman, machin	ie operator,	maintenance of w	ay" er	mployee.				_,				
	the de	ost you t ailed sir	can claim for meals aplified and batching	is 60% of the	ne lower of the amo	ount y	ou paid and a	reasona	able an	nount in the	circum	istance	es. This	imit appli	es to
	1110 00		mpilinod and batoring	- Inciriodo.			 								
					— Certific		by employee								
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			ove information i	s a true s	tatement of the a	ectua	l out-of-pock	et exp	enses	I paid whi	le I w	as aw	vay from	ı my hoi	me ,
tern	ninal di	ıring 19	·												
Date	^						Cianatura								i
Dali	<u> </u>						Signature								
				Emp	oloyment informati	on -	Γο be filled in b	y the en	nplover	·					
					-			•					. —		
	1. Is your company's principal business the transportation of goods, passengers, or both?														
2.	What is	s the na	me of the collectiv	e agreem	ent that governs	this e	employee's er	mploym	ent wi	th your cor	npany	/?			
_		 _													
			zed meals availab									١	∕es 🗌	No 🗌	
			is the cost to this												
4.	a) Is th	ie empl	oyee entitled to re												
				Yes 🗌	No 🗌										
	.		~ ~	Yes 🗌	No 🗍			-							
			of the allowance of eported on this em			ome	\$								
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										Signature of em	pioyer or	authoriz	ea officer		i
Dat	e		19		Telephone –										