CLAIM FOR MEALS AND LODGING EXPENSES

- For use by a transport employee, such as an employee of an airline, railway, bus or trucking company.
- See the latest version of Information Circular 73-21 and the income tax guide called Employment Expenses 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.

| Family or last name Employee information - To be completed by the employee Usual first name Social insurance number | | | | | | | | | | | | | | |
|--|--|----------------------------|---|-----------------------------|----------------|--|----------|---------------------------------------|-----------------|-------------|--------------|------------|---------------|---------------|
| | | | | From | То | То | | | | Method used | | | | |
| Period of employment during 19 | | | | <u> </u> | | 19 Detailed Simplified Batching | | | | | | | Batching 🗌 | |
| | | Average | | - Trip and exp | ense summ | ary - To be | complete | ed by th | | - | | | | |
| | | No. of Hrs per Trip* | Home Terminal | Away from Home Terminal | | Serv | | | Meals Purchased | | | | Lodgings | |
| Days | Trips | | | Tioning (t | | Classification (railway employees only) | | No. | | Cost | | No. | | Cost |
| | | | | | | | | | \$ | | | | \$ | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
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| | | | | | | | | | | | | | | |
| F-44 | | | | | | <u> </u> | | | | | (1) | | Φ | (1) |
| Enter the total cost on line 1 \$ (1) \$ (1) Enter the total repayments you received or will receive for any of these expenses on line 2 (2) | | | | | | | | | | | | | | |
| Subtract line 2 from line 1 - Enter the result on line 3 \$ (3) | | | | | | | | | | | | \$ | (3) | |
| Multiply line 3 under "Meals Purchased" by 80%*** X 80% | | | | | | | | | | | • | | | |
| Enter the result on line 4 under "Lodgings" \$ | | | | | | | | | | | | | (4) | |
| | | | 3 under "Lodgings" p | | e total on lir | ne 5 | | | | | | | \$ | (5) |
| Note: | er this a | mount to | line 229 of your retu | urn | | | | | | | | | | |
| * | | | No. of Hrs per Trip" | is the average leng | gth of time y | ou spent a | way from | the mu | ınicipalit | ty and m | etropolita | an area | a, if there i | is one, where |
| your home terminal is located. * * "Service Classification" applies only to claims made by railway employees. Enter your class of service such as engineer, trainman, maintenance | | | | | | | | | | | | | | |
| | man, conductor, motorman, machine operator, "maintenance of way" employee. | | | | | | | | | | | | | |
| *** The most you can claim for meals is 80% of the lower of the amount you paid and a reasonable amount in the circumstances. This limit applies to | | | | | | | | | | | | | | |
| the detailed, simplified and batching methods. | | | | | | | | | | | | | | |
| , | | | | | — Certifica | ation by en of | ipioyee | | , | | | | | |
| I OI (Address) | | | | | | | | | | ddress) | | | | |
| cert | ifv tha | t the ab | ove information i | s a true stateme | ent of the a | actual out- | of-pock | et exp | enses | l paid v | vhile I w | vas av | vav from | mv home |
| | - | uring 19 | | | | | o. p | or onp | | . barra . | | | , | , |
| | | • | • | | | 0. | | | | | | | | |
| Date | · | | | | | SI | gnature | | | | | | | |
| Employment information - To be completed by the employer | | | | | | | | | | | | | | |
| 1. Is your company's principal business the transportation of goods, passengers, or both? | | | | | | | | | | | | | | |
| 2. What is the name of the collective agreement that governs this employee's employment with your company? | | | | | | | | | | | | | | |
| 2. What is the name of the collective agreement that governs this employee's employment with your company? | | | | | | | | | | | | | | |
| 3. | a) Are b) If ye | subsidi es, what | zed meals availab | le to this employ employee? | ee? | | \$ | | | | | | Yes 🗌 | No 🗌 |
| 4. | a) is th | ne empl | oyee entitled to re | ceive an allowan | ce or repay | yment for: | · | | | | | - | | |
| | • | · | meals | Yes 🔲 No 🗀 |] | Amount | | | | | | | | 1 |
| | | | J | Yes No | - | Amount | \$ | | | | | | | 1 |
| | | | of the allowance of eported on this em | | | ome | \$ | | | | | | | |
| Al- | | | , | | | | | _ | | | | | | |
| IVa | me or e | employe | er | | | | - | | 9 | ignature of | f employer o | r authoria | zed officer | |
| ·- | | | | | | | | | | | • | | | |
| Da | te | | 19 | Telephone |) | | - | | | · · | Vame (pleas | se print) | | |
| | | | | | | | | | | | | | | |