

CLAIM FOR MEALS AND LODGING EXPENSES

TL2 Rev. 94

Use this form if you are a transport employee, such as an employee of an airline, railway, bus or trucking company.

See the latest version of Information Circular 73-21, Away-From-Home Expenses, and the income tax guide called Employment Expenses for details.

If t	here i	is not	t enoug	h space	below	', attac	h another s	heet of	f paper.	Keep re	eceipts to	o support	your	claim	in case	we ask	yoù for them	l.
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Family or last name)		 Emp	oloyee informatio	n - To be co Usual first r	mpleted lame	by the	employe	e -		Socia	i insurance	e number		
			From To							Met	thod used	d used			
Period of employme	ent during 1	9		19		19				Detailed	Sim	plified	Batching		
			— Trip an	d expense summ	ary - To be	complete	d by th	e emplo	yee	<u> </u>					
h	verage no. of ors per	Home terminal				Service			Meals purchased			Lodgings			
Days Trips	trip*	, <u></u>					No.	Cost		st	No.	<u> </u>	Cost		
							\$			 	\$				
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the expense the expense were consisted where consisted the total (line). Total amount the expense February 1. Subtract the total amount Subtract the total amount Subtract the total cline. Allowable claim. Transfer the and the expense of th	ses were included before were included before the paym 1 minus line for meals properly were included by the paid for lodgotal repaym 2 minus line m: total of limount at line werage no. Comme termina e classificat productor, m	e March 1994 ents you receive 2) urchased, whereurred after Febents you receive 5) ging ents you receive 8) nes 3, 6 and 9 ne 10 to line 229 of hrs per trip" is I is located. ion" applies on otorman, mach	ebruary 22, 1 ruary 21, 199 ed or will rece e: ruary 21, 199 ed or will rece ed or will rece of your retu s the average by to claims n ine operator,	eive for any of the for meals cons eive for any of the eive for any of the	umed after se expenses se expenses ou spent awa mployees. way" employ	s sy from th Enter you	ne mun		and	(5) X 50%* (7) (8) metropolita	** = n area		s one) who		
	o o o o mago	s apply to the a	otanoa, on np		tion by em	lovee .									
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,		(Print nan	•							(Address)				_	
certify that the	above infor	mation is a true	statement o	f the actual expen	ses I paid w	nile I was	away	trom my	hom	e terminal	during '	19			
Date					Sigr	ature _									
			Emple	oyment informati	on - To be c	ompleted	by the	employ	er •						
Is your com What is the	pany's princ name of the	cipal business t e collective agre	he transporta eement that (ation of goods, pas governs this emplo	ssengers, or oyee's emplo	both? yment w	ith you	r compa	ny?		,	Yes 🗌	No 🗌		
3. a) Are subs	sidized mea	ls available to t	his employee	?							•	Yes 🗌	No 🗌	,	
		st to this emplo		or rangement for	•	\$					-				
4. a) is the en	npioyee enti m •		an allowance 'es N	or repayment for: o	: Amount	\$					_				
			∕es 🔲 N	o 🗌	Amount	_					-				
	ch of the all e's T4 slip?		yment did yo	ou report on this		\$	-				•			ĺ	
Name of empl	loyer														
Date		19	Teleph	none		_		Sig	gnature	of employer of		ed officer		<u> </u>	