MILEAGE CLAIM FORM

Client code	
Period	

Provider Name	**Relationship to client**	**Date** *(MM/DD/YY)*	**Purpose of Travel** *(Activity Description)*	**Destination**		**Distance** *(KM)*	**Rate**		**Total Amount ($)**	**Out of Province** *(Y/N)*
				From	**To**		**Flat Rate $**	**Per km rate $**		
									0.00	
									0.00	
									0.00	
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									0.00	

Provider Name	Relationship to client	Date *(MM/DD/YY)*	Purpose of Travel *(Activity Description)*	Destination		Distance *(KM)*	Rate		Total Amount ($)	Out of Province *(Y/N)*
				From	To		Flat Rate $	Per km rate $		
									0.00	
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									0.00	
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									0.00	
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									0.00	
									0.00	
Total						0.00			0.00	

This is a printable document. Please fill out all the details.

In alignment with the Passport Program Guidelines, you should maintain a record or log of your mileage claims and the associated activities; this will be the documentation you can provide if your mileage claim is selected for review.