



CENTRAL ASSINIBOINE WATERSHED DISTRICT

Box 160
Baldur, MB
R0K 0B0

update 01/2022



Name: _____
 Address: _____
 Date: _____
 **Please attach all eligible receipts

I certify that the following is a correct statement

(Signature)

Posted Sub District:

Date:	Posted		Sub District:			
	Days	Hours	Mileage	Meals	Phone/Rooms	

Totals for this claim: Days 0 Hours 0 Mileage 0 Meals 0 Phone/Rooms 0

Note:	0	Days x Rate	\$120
Meal Rates:	0	Hours x Rate	\$15.00
Brkfast - 8.64	0	KM's x Rate	\$ 0.49
Dinner - 10.84	0	Meals total	\$ -
Supper - 18.37	0	Phone/hotel	\$ -
Per Diem - 34.40		Incidentals:	\$4.60

Days	\$ -
Hours	\$ -
Mileage	\$ -
Meals	\$ -
Accom	\$ -
Total Mileage & Remuneration.	\$ -

**NOTE: Claims must be submitted within the Districts Fiscal Year - April 1 - March 31 Nov-22