

THE UNIVERSITY OF WINNIPEG
TRUSTEED PENSION PLAN
BOARD OF TRUSTEES

Expense Claim Form

Name: _____
(Please Print)

Date	Description of Expense	Price	GST	Total
TOTAL				

NB – Mileage is reimbursed at 0.38 per kilometer.

I hereby certify that the above is a correct statement of expenses that were incurred by me in my capacity as a Trustee of the University of Winnipeg Trusteed Pension Plan (please attach receipts).

Signature

Date of Claim

Authorized Signature