Law Society of Saskatchewan

STATEMENT OF EXPENSES REMITTANCE FORM

Name:_____

Address:_____

City:_____

Province:_____ **PC:**_____

Telephone:_____

Email:_____

Please make cheque payable to:

_____

CPD Activity Code:_____

Date of CPD Activity:_____

CPD Activity Name:

_____

Please e-mail remittance to:

Melissa Warren

melissa.warren@lawsociety.sk.ca

MILEAGE:

Mileage will be paid in accordance with the Provincial Government mileage rate and will based on set distances for specified locations. A receipt is not required. To claim for mileage, simply complete the table below.

Date	**To and From**	**One-way or Return**	**Kilometres** (To be completed by the Law Society)	**Net Amount** (To be completed by the Law Society)	**GST** (To be completed by the Law Society)	**Total Amount** (To be completed by the Law Society)

OTHER EXPENSES: (additional space available on the back of this page if necessary)

Particulars	**Net Amount**	**GST**	**Total Amount**
Total Amount			

***PLEASE REMEMBER TO ATTACH ORIGINAL RECEIPTS FOR THE EXPENSES YOU ARE CLAIMING**