MEDICAL TRAVEL EXPENSES LOG

SAUNDERS & WELCH
Accounting, Bookkeeping & Taxation Professionals

CLIENT NAME:

PRACTITIONER INFORMATION	
NAME:	ADDRESS:
TYPE:	

YEAR:

DATE(S) OF APPOINTMENTS	KM (ONE WAY)	MEAL(S) $	PARKING COST $	WAS A DRIVER NEEDED?
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

IMPORTANT: THE CRA REQUIRES PROOF THAT OUT OF TOWN TRAVEL IS REQUIRED FOR EACH CLAIM. PLEASE HAVE A NOTE, REFERRAL OR OTHER SUPPORTING DOCUMENTS READY. CLAIMS MAY BE REVIEWED AND THE CRA REQUIRES PROOF THAT LOCAL OPTIONS ARE NOT AVAILABLE.