MEDICAL MILEAGE LOG

CLIENT NAME: _____

SAUNDERS & WELCH
Accounting, Bookkeeping & Taxation Professionals

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.

YEAR:	PRACTITIONER			ONE WAY KM	MEAL $	PARK $	NEED DRIVER?
DATE(S)	NAME	TYPE	ADDRESS				
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