

# 2025 TRIP DETAILS

Paper version

## Trip Details

TAXPAYER NAME	PURPOSE medical    other	DEPARTURE DATE (M D YYYY)	RETURN DATE (M D YYYY)
DEPARTED FROM	DESTINATION		
FAMILY MEMBERS WHO TRAVELLED			NO. OF PEOPLE

## Trip Cost

	KM TRAVELLED	MILEAGE RATE \$0.565	CLAIMING	TOTAL MILEAGE		
	NO. OF PEOPLE	NO. OF DAYS	NO. OF MEALS 3	MEAL RATE \$23	TOTAL MEALS	
HOTELS					CLAIMING	TOTAL HOTELS
EXPENSES					CLAIMING	TOTAL EXPENSES
						TOTAL TRIP COST

## Lowest Return Airfare

\*Used CRA-provided rates for 2025

NO. OF PEOPLE	LOCATION	LRA RATE*	TOTAL LRA