Friesen Accounting (1996) Ltd.

TRIP DETAILS FORM

Please complete this form for each trip you want to claim on your tax return. If you are unsure of how to fill it out properly, our tax preparers can help you when you come to file your return.

2024 TRIP DETAILS

TRIP DETAILS

YOUR NAME

YOUR SIN

DEPARTED FROM (optional)

DESTINATION

PURPOSE

☐ other ☐ medical

DEPARTURE DATE

RETURN DATE

FAMILY MEMBERS TRAVELLING

TOTAL NUMBER OF PEOPLE

COST DETAILS

mileage			TOTAL KM TRAVELLED	$ / KM RATE: $0.545	**MILEAGE**
meals	NUMBER OF PEOPLE	NUMBER OF DAYS	MEALS / DAY	$$ / MEAL RATE: $23.00	**MEALS**
hotels					**HOTELS**
other trip expenses					**OTHER EXPENSES**
total trip cost					**TOTAL TRIP COST**
lowest return airfare	LOCATION		NUMBER OF PEOPLE	LRA / PERSON RATE	**LRA**