

TRAVEL EXPENSE WORKSHEET

FFA-01 Proposals

To be completed by the Farm Advisor

Claim Form #	Program Year	Claim Deadline	Application #

Instructions:

Part A – Estimated Farm Advisor Travel Costs:

Fill out the estimated travel cost when there is no farm advisor from the OMAFRA roster list within a 200 km radius of the farm business.

Costs should reflect the least expensive method of travel available to visit the client.

Be accurate in your estimations. OSCIA will not pay you more than your estimate.

OSCIA will verify all information at time of claim approval.

Keep this worksheet on file and complete Part B when you have completed your travel.

Part B – Actual Farm Advisor Travel Costs:

Fill out this section and submit with the signed claim form showing your actual costs of travel. Claim form will be mailed to producer with their approval letter. You will sign during the final review meeting with the producer.

Attach a *Google* map to the worksheet showing mileage, route and total km round trip if driving.

If it is cheaper to fly to the destination, submit proof of payment of flight.

Part A – FFA-01 Estimated Travel Costs

Farm Business Name	Round trip mileage in kilometer (km)		Reimbursement per km and other applicable costs*		Total Travel Cost	
		X	0.46	equals	\$0.00	A
			Flight costs**		\$0.00	B
			Car rental costs**		\$0.00	C
					\$0.00	D
Totals			A+B+C+D		\$0.00	

*Rate for reimbursement of km can change from time to time. OSCIA uses CRA suggested rate.

**Receipts showing payment will be required.

Part B – Actual Farm Advisor Travel Costs:

Farm Business Name	Round trip mileage in kilometer (km)		Reimbursement per km and other applicable costs*		Total Travel Cost	
	0	X	0.46	equals	\$0.00	A
			Flight costs**		\$0.00	B
			Car rental costs**		\$0.00	C
					\$0.00	D
Totals			A+B+C+D		\$0.00	

If you have visited another client on this trip, whether under the *Growing Forward Business Development*

for Farm Businesses Program or for any other business reason; please disclose, in writing within a separate attachment along with details of your compensation for travel. (Program compensation for travel may be reduced by any other reimbursement you may have received for the same trip.)

The information submitted regarding travel expenses for the purpose of completing the requirements of the Statement of Work' under the FFA-01 is accurate and complete in all respects.

Name of Farm Advisor: *please print*

Signature:

Date: