

## Instructions

Please complete a "Travel Worksheet" for each trip taken in 2010. Fill out the expense summary below and attach the supporting receipts. Each taxpayer that receives the taxable travel benefit may claim up to two trips per year for every member of their

In the case of coupled returns where both spouses have received the taxable travel benefit (box 32) on their T4 please identify the family name and leave the taxpayer name blank. Each trip will be applied to the spouse's return that will have the largest

This is the summary that will be transmitted to Canada Revenue Agency to support your claims for the Northern Residents' Deductions - Travel Deduction should your return be reviewed at a later date.

## Travel Worksheet for 2010

**Family Name:** \_\_\_\_\_ **Taxpayer:** \_\_\_\_\_  
(If returns are coupled leave blank)

**Trip Number :** \_\_\_ of \_\_\_ Trips in 2010

**Spouse One:** Name \_\_\_\_\_ Total amount of box 32 benefit from all T4s \$ \_\_\_\_\_

**Spouse Two:** Name \_\_\_\_\_ Total amount of box 32 benefit from all T4s \$ \_\_\_\_\_

### Trip Details

**Names of Household Members on Trip:**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Purpose of Trip:**     Medical     Other (Vacation)

**Destination:**  
(Routing) \_\_\_\_\_

**Travel Dates:** Trip Start Date: \_\_\_\_\_ Trip End Date: \_\_\_\_\_

Total Number of Days: \_\_\_\_\_ Total Number of Nights: \_\_\_\_\_

**Primary Method of Travel:**     Air     Automobile     Other

### Trip Expenses

	Attached	Cost
<b>Airfare Expense If Applicable:</b>		
Airline Itinerary, Airline Receipt, and/or Airline Boarding Passes	<input type="checkbox"/>	\$ _____
<b>Automobile Expense If Applicable:</b>		
Rental Vehicle Contract and/or Invoice	<input type="checkbox"/>	\$ _____
Total Distance Driven (private vehicle) _____ kms		
Fuel And Maintenance Expenses Incurred on Trip	<input type="checkbox"/>	\$ _____
or, Simplified Automobile Expense Calculation ( Total kms driven _____ X \$0.58 = _____ )		\$ _____
<b>Accommodations Expense:</b>		
Hotel/Motel Invoice(s)	<input type="checkbox"/>	\$ _____
Camp Ground Receipts	<input type="checkbox"/>	\$ _____
Resort Invoice	<input type="checkbox"/>	\$ _____
<b>Meals Expense:</b>		
Restaurant receipts	<input type="checkbox"/>	\$ _____
Grocery receipts	<input type="checkbox"/>	\$ _____
or, Simplified Meal Expense Calculation (Number of days ___ x 3 meals x \$17 x number of people = _____)		\$ _____
<b>Other:</b>		
Bus receipts attached cost	<input type="checkbox"/>	\$ _____
Train receipts attached cost	<input type="checkbox"/>	\$ _____
Taxi receipts attached cost	<input type="checkbox"/>	\$ _____
Road and Ferry Toll receipts attached cost	<input type="checkbox"/>	\$ _____
		_____
<b>Total Trip Expense</b>		_____

**Supporting Receipts and T4 attached**