

Ecclesiastical Province of Rupert's Land

EXPENSE CLAIM FORM

To: Mrs. Suzanne Wray, Provincial Treasurer **Date:** _____
 Site 3, Box 50, RR1
 Millarville, AB T0L 1K0
Email: wraysuz@gmail.com
Phone: 403-931-6465 (home) 587-224-3059 (cell)

Please reimburse with cheque payable to:

Name: _____
 Address: _____
 City/town: _____
 Postal code: _____

Total Amount requested: _____

Particulars of Expense claim:

Committee meeting: _____
 Date of Meeting: _____

Are any of these expenses shared with Parish/Diocese/National Church / or Government Agency ?
 If yes, please check here and provide details on separate page

Expense Item	Amount Exclusive of GST	GST if applicable	Total Expense
Accommodation:	\$	\$	\$
Meals:	\$	\$	\$
Travel:			
Vehicle _____ km*	\$	\$	\$
Train/Bus/Airfare	\$	\$	\$
Taxi/Bus/Shuttle	\$	\$	\$
Other (Explain on receipt):	\$	\$	\$
Totals:	\$	\$	\$

* Reimbursement rate for Synod: @ \$0.45 if 2 or more passengers; @ \$0.35 if 1 passenger; @ \$0.25 if alone.
 Regular Provincial travel reimbursement: @\$0.45 if 1 or more passengers; @\$0.40 if alone

Treasurer's details: _____
 Cheque # _____
 Amount \$ _____ Date Issued: _____