

**Ecclesiastical Province of Rupert's Land  
EXPENSE CLAIM FORM**

**To:** Mrs. Suzanne Wray, Provincial Treasurer **Date:** \_\_\_\_\_  
 Site 15, Box 8, RR1 **Please note updated address!**  
 Millarville, AB T0L 1K0  
**Email:** [eprltreasurer20@gmail.com](mailto:eprltreasurer20@gmail.com) **Phone:** 587-224-3059

**Please reimburse with cheque payable to:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Province/Postal Code: \_\_\_\_\_

**Total Amount requested:** \$ \_\_\_\_\_

**Particulars of Expense claim:**

Committee meeting: \_\_\_\_\_  
 Date of Meeting: \_\_\_\_\_  
 Passenger names (if claiming mileage with 1+ passengers): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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	Total Expenses	Notes
Accommodation:	\$	
Meals:	\$	
Travel:		
Vehicle _____ km*	\$	
Train/Bus/Airfare	\$	
Taxi/Bus/Shuttle	\$	
Other (Explain in Notes):	\$	
<b>Total:</b>	\$	

\* 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  
**NOTE: See line above for names if claiming rate to include Synod delegates/committee members as passengers in your car**

**COMMITTEE CHAIR SIGNATURE (if required):** \_\_\_\_\_

**Treasurer's details:**

Cheque # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Date Issued: \_\_\_\_\_