



Expense Claim Form

(rate change effective April 2016; form update January 2018)

Please ✓ the committee(s) of which you are a member and the meeting date(s) that you have attended which are covered by this claim.

* Must Be Signed by the Team Leader/Chair of VSST/Committee *



Abuse Prevention Initiative		1 – 8870 – 00	Healthy Leadership-VSST		1 – 8814 – 40
Archives		1 – 8814 – 21	Discernment & Formation TG		1 – 8814 – 43
Audit		1 – 8814 – 10	Mentoring		1 – 9009 – 00
Archdeacons		1 – 9538 – 00	CAPP Formation		1 – 8947 – 01
Regional Deans		1 – 9304 – 00	CAPP - DVAC		1 – 8947 – 00
Appointments Task Group		1 – 8814 – 17	Community of Deacons		1 – 9015 – 00
Canons & Constitutions Cttee		1 – 8814 – 16	CAPP Meeting		1 – 8814 – 44
Committee of Chairs		1 – 8814 – 14	CAPP-Pre Ordination Review		1 – 9012 – 00
Clergy Wellness Commission		1 – 8861 – 00	SOM - ACPO		1 – 9012 – 01
Diocesan Council		1 – 8814 – 10	SOM - Pre Ordination Review		1 – 9011 – 00
Diocesan Synod Arrangement		1 – 8814 – 15	Human Resources -VSST		1 – 8814 – 24
Diocesan Synod Costs		1 – 8820 – 00	Mission Outreach & Soc. Justice - VSST		1 – 8814 – 70
FINANCIAL DEV. -VSST		1 – 8814 – 20	Fairness in Basic HN-Program		1 – 8904 - 00
Budget		1 – 8814 – 25	Refugee Task Group-Program		1 - 8904 - 25
Investment Liaison		1 – 8814 – 27	First Nations Relations		1 - 8814 - 72
Mortgage, Loan & Property		1 – 8814 – 22	Fairness in Basic Human Needs- Meeting		1 – 8814 – 74
Diocesan Times Mgmt Board		1 – 8814 – 54	PWRDF Meetings		1 – 8814 – 76
Capital Campaigns		1 – 8814 – 12	Refugee Task Group Meetings		1 – 8814 – 75
Planned Giving		1 – 8814 – 51	Environment - Programs		1 – 8904 – 15
Healthy Parishes-VSST		1 – 8814 – 60	Environment Task Group - Meetings		1 – 8814 – 78
Resource Centre		1 – 8814 – 58	Youth & Family Ministry - VSST		1 – 8814 – 59
Stewardship		1 – 8814 – 53	Youth Ministry		1 – 8814 – 59
Parish Relations		1 – 8814 – 26	Campus Ministries		1 – 8814 – 41
OTHER: please specify →→→→→					

Meeting Date(s):

print clearly

Name

Mailing Address

Postal Code

Tele./E-Mail

Please Complete the Details on the Reverse Side of the Form



Expense Claim Form

(rate change effective April 2016; form update December 2017)

Receipts MUST be provided for meals, accommodations, and all purchases.

*Receipts / Sales slips issued by supplier **MUST** clearly show HST.*

Copies of debit slips / credit card slips **NOT** showing HST cannot be reimbursed.

Date	Accomm.	Breakfast	Lunch	Dinner	Transport.	Parking	Other	HST	TOTAL	
Totals										
Traveling From: _____ To: _____ Traveling From: _____ To: _____ Traveling From: _____ To: _____ Traveling From: _____ To: _____										
Kms. Traveled _____ _____ _____ _____										
						Total Km. x \$0.35 Rate		Office Use Only		
						TOTALS		Office Use Only	Office Use Only	\$

AUTHORIZATION

Submitted by: _____
Signature of Claimant

Approved by: _____
VSST/Committee Team Leader/Chair

Synod Office