

# The Anglican Provincial Synod of British Columbia and Yukon

## EXPENSES CLAIM FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DIOCESE: \_\_\_\_\_

MEETING / EVENT: \_\_\_\_\_

DATES: \_\_\_\_\_

AIR/FERRY/BUS FARE \_\_\_\_\_

AIRPORT TAXI \_\_\_\_\_

CAR \_\_\_\_\_ km @ \$.50 \_\_\_\_\_

MEALS \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

I declare that the information in this form is accurate and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**If you would like to donate some of your expenses, please attach a cheque that will not be cashed until the expense cheques are issued. Thanks!**

- It is expected that you attended 100% of the sessions of this event in order to be reimbursed for your claimed expenses.
- Travel by car = the lesser of 50¢ / km plus tolls or the cost of “stay over Saturday night” air fares.
- Meals = there is no *per diem* at present - reasonable actual costs will be reimbursed
- Receipts must be attached for all expenses with the exception of mileage.

Please complete the form and submit it to the Treasurer WITHIN 90 DAYS OF THE EVENT:



THE  
Ecclesiastical Province  
OF BRITISH COLUMBIA AND YUKON

**Vera Morgan**

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Ph: 604-970-9076

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