

British Columbia Synod

Expense Claim Form



80 East 10th Ave.
New Westminster, BC
V3L 4R5

phone: 604.524.1318
email: bcsynod@elcic.ca

Name (payable to) _____ Address _____

Date of Meeting _____

Reason for Meeting _____

(A) Car Allowance: (reimbursed at 42 cents per km)

Date	From	To	Total KM driven	Total
			0.42	= \$

(B) Expenses:

Office Use	Expense	GST (Office use)	Total (with GST)
	Accommodation		
	Meals (include tips)		
	Parking		
	Transportation (air, bus, ferry, taxi)		
	Supplies		
	Other		
TOTALS		\$	\$ (B)
TOTAL from Car Allowance			\$ (A)
GRAND TOTAL (A + B)			\$
Donation to BC Synod (if applicable)			\$
AMOUNT DUE			\$

Date submitted _____ Claimant's signature _____

Committee Chair Approval _____

Please sign here to confirm donation to the BC Synod:

I, _____, direct that the funds to which I am entitled by way of reimbursement for approved expenses and would otherwise be forwarded to me by cash or cheque, be transferred to the BC Synod as my gift.

RECEIPTS (WHERE APPLICABLE) MUST BE ATTACHED TO EXPENSE FORM