

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 _____

e-Transfer email address _____

(A) Car Allowance: (reimbursed at 0.70 cents per km)

Date	From	To	Total KM driven	Amount (\$)
				= \$
				= \$
			TOTAL	= \$

(B) Expenses:

Office Use	Expense	GST (Office use)	Total (with GST)
	Accommodation		
	Meals (include tips)		
	Parking		
	Transportation (air, bus, ferry, taxi)		
	Supplies		
	Other		
TOTAL for (B) Expenses			\$ (B)
TOTAL from (A) Car Allowance			\$ (A)
GRAND TOTAL (A + B)			\$
AMOUNT DUE			\$

Date submitted _____ Claimant's signature _____

Committee Chair Approval _____

**RECEIPTS WITH GST (WHERE APPLICABLE)
MUST BE ATTACHED TO EXPENSE FORM**