

# British Columbia Synod

# Expense Claim Form



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

phone: 604.524.1318  
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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		
<b>TOTALS for (B) Expenses</b>		\$	\$ (B)
<b>TOTAL from (A) Car Allowance</b>			\$ (A)
<b>GRAND TOTAL (A + B)</b>			\$
<b>Donation to BC Synod</b> (if applicable)			\$
<b>AMOUNT DUE</b>			\$

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