

# British Columbia Synod

# Expense Claim Form



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

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Name (payable to) \_\_\_\_\_ Address: \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Reason for Meeting \_\_\_\_\_

### (A) Car Allowance: (reimbursed at 61 cents per km)

Date	From	To	Total KM driven	
				x 0.61 = \$
				x 0.61 = \$
			<b>TOTAL</b>	<b>= \$</b>

### (B) Expenses:

Office Use	Expense	GST (Office use)	Total (with GST)
	Accommodation		
	Meals (include tips)		
	Parking		
	Transportation (air, bus, ferry, taxi)		
	Supplies		
	Other		

<b>TOTAL for (B) Expenses</b>	<b>\$</b>	<b>(B)</b>
<b>TOTAL from (A) Car Allowance</b>	<b>\$</b>	<b>(A)</b>
<b>GRAND TOTAL (A + B)</b>	<b>\$</b>	
<b>AMOUNT DUE</b>	<b>\$</b>	

Date submitted \_\_\_\_\_ Claimant's signature \_\_\_\_\_

Committee Chair Approval \_\_\_\_\_

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