



Expense Claim Form

July 2013

Please ✓ the committee(s) of which you are a member and the meeting date(s) that you have attended which are covered by this claim.

* Must Be Signed by the Chair of the Committee *

Abuse Prevention Initiative		1 – 8870 – 00	Healthy Leadership-VSST		1 – 8814 – 12
Archives		1 – 8814 – 21	Discernment & Formation TG		1 – 8814 – 43
Audit		1 – 8814 – 10	Mentoring		1 – 9009 – 00
Archdeacons		1 – 9538 – 00	NSOM Formation		1 – 8947 – 01
Regional Deans		1 – 9304 – 00	NSOM - DVAC		1 – 8947 – 00
Appointments Task Group		1 – 8814 – 17	Community of Deacons		1 – 9015 – 00
Canons & Constitutions Cttee		1 – 8814 – 16	NSOM Meeting		1 – 8814 – 44
Committee of Chairs		1 – 8814 – 14	NSOM-Pre Ordination Review		1 – 9012 – 00
Clergy Wellness Commission		1 – 8861 – 00	SOM - ACPO		1 – 9012 – 01
Diocesan Council		1 – 8814 – 10	SOM - Pre Ordination Review		1 – 9011 – 00
Diocesan Synod Arrangement		1 – 8814 – 15			
Diocesan Synod Costs		1 – 8820 – 00			
FINANCIAL DEV. -VSST		1 – 8814 – 20			
Budget		1 – 8814 – 25	Human Resources -VSST		1 – 8814 – 24
Investment Liaison		1 – 8814 – 27	Mission Outreach & Social Justice - VSST		1 – 8814 – 70
Mortgage, Loan & Property		1 – 8814 – 22	Fairness in Basic Human Needs Meeting		1 – 8814 – 74
Diocesan Times Mgmt Board		1 – 8814 – 54	PWRDF Meeting		1 – 8814 – 76
Capital Campaigns (TiM)		1 – 8814 – 12	Refugee Task Group Meeting		1 – 8814 – 75
Planned Giving		1 – 8814 – 51	First Nations Relations Task Group Meeting		1 – 8904 – 15
Healthy Parishes-VSST		1 – 8814 – 60	Environment Task Group		1 – 8814 – 72
Resource Centre		1 – 8814 – 58	Youth & Family Ministry - VSST		1 – 8814 – 59
Stewardship		1 – 8814 – 53	Youth Ministry		1 – 8814 – 59
Parish Relations		1 – 8814 – 26	Campus Ministries		1 – 8814 – 41
OTHER: please specify →→→→→					

Meeting Date(s):

print clearly

Name

Mailing Address

Postal Code

Tele./E-Mail

Please Complete the Details on the Reverse Side of the Form



DIOCESE OF NOVA SCOTIA & PRINCE EDWARD ISLAND



Expense Claim Form

July 2013

Receipts MUST be provided for meals, accommodations, and all purchases.

*Receipts / Sales slips issued by supplier **MUST** clearly show HST.*

Copies of debit slips / credit card slips NOT showing HST cannot be reimbursed.

Date	Accomm.	Breakfast	Lunch	Dinner	Transport.	Parking	Other	HST	TOTAL
Totals									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Kms. Traveled _____		_____		_____		Total Km. x \$0.30 Rate		Office Use Only	
TOTALS						Office Use Only	Office Use Only	\$	

AUTHORIZATION

Submitted by: _____
Signature of Claimant

Approved by: _____
Committee Chair

_____ Synod Office