



**DIOCESE OF CALEDONIA**  
201, 4716 Lazelle Avenue, Terrace, BC V8G 1T2

**REQUEST FOR REIMBURSEMENT OF EXPENSES**

**Please attach receipts for all expenses**

Name of Meeting / Conference:

Date of Meeting:

Make cheque payable to me [ ]

Or

Make cheque payable to the Parish [ ]

Name (Print)

Address

City:

Province:

Postal Code:

Parish:

**My expenses to attend the above meeting are:**

<i>claims will not be accepted for any alcoholic beverages</i>	Total Cost
Air/Train fare	\$
Car use (Actual Receipts, plus 20%)	\$
Bus/Airport Taxi, etc. - receipts required	\$
Meals en route (up to \$45 per day) - receipts required	\$
Hotel (Economy) - receipts required	\$
Other	\$
<b>Total Expenses</b>	\$

**DONATION:** If you wish to make a donation to the **Diocese of Caledonia** for any or all of your expenses, please attach a personal cheque for the amount of your donation. A donation receipt will be issued for this amount.

I certify that the expenses claimed are allowable and contain no items of a personal nature

Signature:

Date Submitted:

Approved by:

Date Approved:

## **Diocese of Caledonia**

### **Reimbursement Rates**

1. Automobile: actual gas (receipts required) plus 20%
2. Air, bus or ferry tariff plus applicable levies or taxes for Economy Class passage.
3. A meal allowance may be claimed for expenses up to a maximum of \$45.00 per day. The maximum may only be claimed when three meals have been purchased AND when meals are not provided by the Diocese or Parish. Meals cannot be charged to the hotel. The Diocese does not pay for alcohol.
4. Accommodation: The Diocese encourages its members to make use of cost-effective accommodation. When selecting hotel accommodation, reimbursement will be for a standard room not normally exceeding \$150 plus taxes per night. If costs are likely to exceed this rate, permission should be sought from the Synod Office.

September 2019