

#180 1209 59 Ave SE, Calgary, AB T2H 2P6

email: bgogol@calgary.anglican.ca

Name:	 	 	
Address:	 	 	

EXPENSE REIMBURSEMENT CLAIM

xpenses i	ncurred From	10:							
Date	Location/ Supplier	Description/ Committee	Km.	Travel	Expense	GST	Total	Initial	Account
		Totals							
nnroyed	h	Office Use				Submitt	ed bv:		
		 Net t	n he Paid·	\$			-		
	umber		Net to be Paid: \$ Date Paid:			Total Claim: \$			

Instructions for Completing the Expense Reimbursement Claim

Expenses are to be claimed for Diocesan committee work (within committees for example), Diocesan Office Employees or for those who are Regional Deans and Archdeacons in that work.

In order for you to claim reimbursement for expenses, we ask that you complete this form and submit it to the Diocesan Office **including all receipts**.

Here are a few directions to help you in filling out the form:

 Place the Name and Address of the 	person being reimbursed;
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- □ Fill in the Dates these expenses were incurred;
- □ Complete chart of expenses and attach receipts for each entry;
 - Receipts must itemize what was purchased
 - Kilometres are reimbursed at \$0.52/km
 - Meals expensed should only include food and not alcohol
- □ Sign Submitted By as the person submitting this Expense Claim;
- Complete Total Claim including all expenses to be reimbursed;
- □ Mail, fax, deliver or email a scanned version (including receipts) to the Diocesan Office.

If you have any questions about completing the Expense Reimbursement Claim, please contact:

Ven. Pilar Gateman (Executive Archdeacon)

Telephone: 587 320 1342 888-999-1551, Ext. 102

Email: pgateman@calgary.anglican.ca

Mr. Marcus Herrel (Comptroller) Telephone: 587 320 1344 or

888 999 1551, Ext. 104

Email: mherrel@calgary.anglican.ca