

The Anglican Diocese of Calgary

Expense Claim Form

Name: Address:

180, 1209 59 Avenue SE
Calgary, Alberta T2H 2P6
Telephone: 403-243-3673

Fax: 403-243-2182 E-Mail: bgogol@calgary.ang	ican.ca	
Expenses Incurred From:	То	Date Completed:

\$ 0.62

Current Diocesan Rate / KM

Date	Location/Supplier	Description / Committee	KM	Travel	Expense	GST	Total	Account
June 12 2022	Claresholm	Meeting with Clergy		\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
-				\$ -			\$ -	
-				\$ -			\$ -	
-				\$ -			\$ -	
				\$ -			\$ -	
-				\$ -			\$ -	
				\$ -			\$ -	
	1	TOTALS:	0	\$ -	\$ -	\$ -	\$ -	7

Office Use Only:	Submitted:	Total Claim: _\$
Cheque Number	Approved:	Less Advance:
Date Paid		Net to be Paid: