



email: bgogol@calgary.anglican.ca

Name: _____

Address: _____

								Office Use	
Date	Location/ Supplier	Description/ Committee	Km.	Travel	Expense	GST	Total	Initial	Account
		Totals							

Total Claim: \$_____

Instructions for Completing the Expense Reimbursement Claim

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;
- ☐ 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 \$0.62/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:

Barb Gogol

Telephone: 587 320 1346 or

888 999 1551, Ext. 106

email: bgogol@calgary.anglican.ca

The Anglican Diocese of Calgary

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