

The Ecclesiastical Province of Canada
Travel Expense Claim

Attending: Executive [] Provincial Council [] Synod []

Other: _____

Name: _____ Date: _____

(e.g. Nov 18, 2016)

Diocese: _____

Address: _____

Total

Air Transportation \$ _____.

Ground Transportation \$ _____.

Lodging en route \$ _____.

Meals en route
(No alcohol or alcoholic beverages) \$ _____.

_____ Breakfast@\$10 _____ Lunch@\$12 _____ Dinner@\$23

Mileage _____ kms @ \$ 0.53) \$ _____.

Lodging on-site \$ _____.

Meals on-site
(No alcohol or alcoholic beverages) \$ _____.

_____ Breakfast@\$10 _____ Lunch@\$12 _____ Dinner@\$23

OTHER

_____ \$ _____.

_____ \$ _____.

TOTAL EXPENSE CLAIM

\$ _____.

(For payment, please forward to:

The Ecclesiastical Province of Canada, c/o Peter Irish, 4-14 Spruce Street, Rothesay NB, E2E 2J2
or scan all form(s)/receipt(s) and email to: pgirish@bellaliant.net.)

Cheque Number: _____ Date: _____ Account: _____