



Expense Claim Form

July 2009

Please ✓ the committee(s) of which you are a member and the meeting date(s) that you have attended which are covered by this claim.

* Must Be Signed by the Chair of the Committee *

	✓		✓
2010 Planning Task Group		1 – 8814 – 04	Planned Giving
ACPO – SOM		1 – 9012 – 01	Resource Centre Advisory
ACPO – NSOM		1 – 8947 – 00	Stewardship Resource Development
Administration and Finance		1 – 8814 – 20	Youth Ministry
Annual Appeal TG		1 – 8814 – 50	Congregational Development
Budget		1 – 8814 – 25	Constitution and Canons
Diocesan Times Mgt. Board		1 – 8814 – 54	Diocesan Council
Human Resources		1 – 8814 – 24	Capital Campaign TG
Investment Liaison		1 – 8814 – 27	Capital Campaign Financial Pl. TG
Mortgage, Loan & Property		1 – 8814 – 22	Organizational & Effectiveness TG
Parish Relations		1 – 8814 – 26	Implementation Task Group
Appointments		1 – 8814 – 17	Other
Archdeacons		1 – 9538 – 00	Human Sexuality Listening Process
Archives		1 – 8814 – 21	National & World Mission
Audit		1 – 8814 – 23	Companion Diocese
Clergy Wellness Commission		1 – 8861 – 00	PWRDF
Fresh Start		1 – 8861 – 00	Refugee Committee
Committee of Chairs		1 – 8814 – 14	Social Justice
Committee on Ministry		1 – 8814 – 40	NSOM Formation Weekend
Campus Ministries		1 – 8814 – 41	Pre-Ordination Review – SOM
Community of Deacons		1 – 9015 – 00	Pre-Ordination Review – NSOM
Discernment & Formation		1 – 9567 – 00	Regional Deans
Mentoring		1 – 9009 – 00	Synod Arrangements
Inner-Church – Inter-Faith		1 – 8814 – 45	Other
Lay Ministry		1 – 8814 – 48	Other
NSOM		1 – 8814 – 44	Other

Meeting Date(s):

print clearly

Name

Mailing Address

Postal Code

Tele./E-Mail

Please Complete the Details on the Reverse Side of the Form



DIOCESE OF NOVA SCOTIA & PRINCE EDWARD ISLAND



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Receipts **MUST** be provided for meals, accommodations, and all purchases.

*Receipts / Sales slips issued by supplier **MUST** clearly show HST.*

*Copies of debit slips / credit card slips **NOT** showing HST cannot be reimbursed.*

Date	Accomm.	Breakfast	Lunch	Dinner	Transport.	Parking	Other	HST	TOTAL
Totals									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Traveling From: _____ To: _____									
Kms. Traveled _____		_____		Total Km. x \$0.20 Rate				Office Use Only	
TOTALS						Office Use Only	Office Use Only	\$	

AUTHORIZATION

Submitted by: _____
Signature of Claimant

Approved by: _____
Committee Chair

_____ Synod Office