

PLEASE NOTE:

for HST rebate purposes Receipts / Voucher **MUST** accompany this claim

The Ontario Provincial Synod

Expense Claim Form

Please mail or email the completed form to:
Gilles Tessier, 1660 Agincourt Avenue, Sudbury, Ontario P3A 5Y1
OR gltessier01@outlook.com

Reimburse	ment is hereby claimed for the	following expenses	s and out-of-pocket costs incurred:
Attended m	neeting		
			ıp, Consultation, etc)
On		In	
(Date)			(Location)
From		To	
(Point of Origin)			(Destination)
	PLEASE ATT	ACH RECEIPTS A	ND VOUCHERS
Auto KM:	{KM@ 0.55 =	\$	(0.11504) Office Use: HST
* Note: When claiming car rental, please use cost of gasoline [receipts] and do not claim per kilometre rate			
Fare (Air, Bus, Train, Other)		\$	
Meals -en-route		\$	
Accommodation		\$	
Misc.	(Specify)	\$	
	Total	\$	
For Offic	e Use Only:	7	
Date:		Signature _	
Cheque #:		Name (print)	
Amount: \$		Title (The Rev., etc.)	
Account #		Address:	
Authoriz	ed by:	_	