



DIOCESE OF MOOSONEE

EXPENSE FORM



NAME (please print) _____

ADDRESS (please print) _____

Reason for Expense: _____

Date(s) of Expense: _____

All Claims must be accompanied with receipts indicating the GST charge in order to be reimbursed

Accommodation Date(s) _____ \$ _____

Automotive Travel

(a) Those in receipt of Diocesan Vehicle Allowance

_____ kms X 0.32 \$ _____ (a)

(b) Others _____ kms X 0.38 \$ _____ (b)

Miscellaneous Expenses (Taxi, Airport, etc.)

\$ _____

Meals

Breakfast \$ 6.00 maximum \$ _____

Lunch \$ 10.00 maximum \$ _____

Dinner \$ 18.00 maximum \$ _____

(to a maximum of \$34.00 per day - no reimbursement for alcoholic beverages)

Other Expenses

_____ \$ _____

(please specify - use back of sheet if necessary)

GST amount in claim \$ _____

TOTAL EXPENSES CLAIMED \$ _____

Signature _____

Approved by _____

FOR OFFICE USE ONLY

Date: _____

Cheque # _____

AMOUNT	CODE	DESCRIPTION