



9.8 Claim for Reimbursement of Expenses

Name: _____ Date: _____
 Address: _____
 City: _____
 Postal code: _____

TRANSPORTATION

	Subtotal	Taxes HST/GST	Taxes PST/QST	Total
Car: Number of km: _____ @ \$0.50/km	-	-	-	\$ _____
Train: _____	_____	_____	_____	\$ _____
Bus: _____	_____	_____	_____	\$ _____
Plane: _____	_____	_____	_____	\$ _____
Taxi: _____	_____	_____	_____	\$ _____
Parking: _____	_____	_____	_____	\$ _____

LODGING AND MEALS

Hotel or residence: _____	_____	_____	_____	\$ _____
Meals: Breakfast (\$15.00)	_____	_____	_____	\$ _____
Lunch (\$20.00)	_____	_____	_____	\$ _____
Dinner (\$30.00)	_____	_____	_____	\$ _____

OTHER EXPENSES (specify)

_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

TOTAL: _____ \$ _____

DATE AND REASON FOR THE MEETING:

Signature of claimant: _____

NOTE: Relevant vouchers and receipts must accompany your claim.

Please send to: Society of Saint Vincent de Paul - National Council of Canada
 2463 Innes Road
 Ottawa ON K1B 3K3