

Regional Council 15, The United Church of Canada Reimbursement of Expenses

Payee Name _____

Mailing Address _____ Postal Code _____

Meeting Location _____ Meeting Date _____

Committee Name _____ Staff Contact _____

Expenses will only be reimbursed for those items for which receipts are provided except for mileage and tolls/bridge.

For expenses on the way home please submit the form at your meeting and send remaining receipts by fax (506-536-2900) or scan/email (jwhittemore@united-church.ca).

	Rate	Amount	Account (Office Use Only)
Vehicle Total No. of km	_____ x \$0.30/km		
Train/Bus/Taxi	(as per receipt)		
Bridge/Highway Toll	-		
Meals No. of breakfasts	up to \$7.00 (receipt required)		
No. of lunches	up to \$8.00 (receipt required)		
No. of dinners	up to \$15.00 (receipt required)		
Accommodations	-		
Single Accommodations	-\$45.00/night		
Other:	(as per receipt)		
TOTAL CLAIM			

Notes on Expenses

Reimbursement Schedule

Use of Private Vehicle

\$0.30 per kilometre

Accommodations Rate

If requesting single accommodations please deduct \$45/night from your travel claim.

Standard Meal Allowance (Please note that the cost of alcoholic beverages cannot be claimed.)

Breakfast

Up to a maximum of \$7.00 (without hotel stay the previous night)

Lunch

Up to a maximum of \$8.00

Dinner

Up to a maximum of \$15.00

I certify that the expenses claimed are allowable and contain no items of a personal nature.

Signature _____ Date Submitted _____

Please return your completed form for Reimbursement of Expenses for authorization and processing to:

Jennifer Whittemore, Regional Council 15 Office, 21 Wright Street, Sackville, NB E4L 4P8

Tel 800-268-3781 ext. 6137 Fax 506.536.2900 jwhittemore@united-church.ca

Voluntary Donation

This option is provided in response to requests from members. It is entirely voluntary. If you would like to donate all or a portion of your expense reimbursement to the Regional Council 15, please complete this section of the form. The amount you specify will be deducted from your reimbursement and you will receive a tax-deductible receipt for the donation.



Voluntary Donation

I, _____ direct that \$ _____

of the funds to which I am entitled by way of reimbursement as outlined above, and would otherwise be forwarded to me, be donated to support the Regional Council 15 as a gift.

Signature _____

Thank you! You will receive a tax receipt for this donation.