

EXPENSE CLAIM

PLEASE PRINT LEGIBLY

Please read instructions below before you complete this form

Payable To:		<input type="checkbox"/> Incumbent <input type="checkbox"/> Staff <input type="checkbox"/> Warden <input type="checkbox"/> Parish Volunteer
Street :		
City/Province:		
Postal Code:		
Telephone :		

ITEMS	Date (mm/dd/yy)	Description of Expense	Amount CAD \$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

INSTRUCTIONS:

- (a) Description of Expense - enter a description that explains the purpose of transaction.
- (b) **Original detailed receipts must be attached, in the order listed on this form.** Credit card copy is useful, however, it is not sufficient to validate a claim.
- (c) To qualify for reimbursement, this claim must be submitted to St. Anne's within **60** days with proper approval. **Any late submission, failure to attach receipts or to sign the form could result in delays or inhibit reimbursement.**
- (d) **Expenses must receive prior approval by the Wardens. Expenses that have not been approved will not be reimbursed.**

Sub-total	\$
Less Cash Advance	\$
TOTAL	\$

Requested by: _____

Approved by: _____