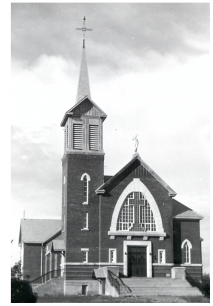


Archdiocese of Grouard-McLennan

Expenses Claim



Name: _____

Address: _____

Description	GST	Total
1- _____	\$ _____	\$ _____
2- _____	\$ _____	\$ _____
3- _____	\$ _____	\$ _____
4- _____	\$ _____	\$ _____
5- _____	\$ _____	\$ _____
6- _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Travel (from/to & Date)		
1- _____	_____ Km @ 0.42	\$ _____
2- _____	_____ Km @ 0.42	\$ _____
3- _____	_____ Km @ 0.42	\$ _____
4- _____	_____ Km @ 0.42	\$ _____
	TOTAL	\$ _____

Date: _____

Approved by: _____

Signature of Approving Officer: _____

This form must be completed and submitted with original receipts reimbursement form the Archdiocese of Grouard-McLennan for expenses. This Archdiocese of Grouard-McLennan approved kilometre rate is \$0.42. Please send by mail or deliver by hand to: Archdiocese of Grouard-McLennan, 10301 102 Street, Grande Prairie AB T8V2W2.