



# Archdiocese of Grouard-McLennan

**La Corporation Épiscopale Catholique Romaine de Grouard**

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**“God wants you all to be holy.” -1 Thessalonians 4:3**

## Expenses Claim Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>A. Expenses</b> (please attach original receipts for all claimed expenses; see below for vehicle use)				
Date	Description	Amount	GST	Total
<b>Total A</b>				
<b>B. Use of vehicle *</b>				
Date	Reason for travel	Distance	Rate*	Total
			@	
			@	
			@	
<b>Total B</b>				
<b>Total A+B</b>				

\*AGM priests travel in the Archdiocese is reimbursed at \$0.20 per km.  
\*All other travel is reimbursed at \$0.42 per km.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Office Use</b>	
Approved By: _____	Date: _____
Signature of Approving Officer: _____	