



9.8 Claim for Reimbursement of Expenses

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

Transportation

Car (number of km): _____ @ 0.50 \$/ km \$ _____
 Train: \$ _____
 Bus: \$ _____
 Plane: \$ _____
 Taxi: \$ _____
 Parking: \$ _____

Lodging & Meals

Hotel or resident: \$ _____
 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
 2463 Innes Road
 Ottawa ON K1B 3K3