



Society of Saint Vincent de Paul
National Council of Canada

Claim for reimbursement of expenses

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

Transportation

Car (number of km): _____ @ 0.40¢ KM \$ _____
Train: \$ _____
Bus: \$ _____
Plane: \$ _____
Taxi: \$ _____
Parking: \$ _____

Lodging & Meals

Hotel or resident: \$ _____
Meals: Breakfast: \$ 10.00 \$ _____
Lunch \$ 15.00 \$ _____
Dinner: \$ 25.00 \$ _____

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
1247 Kilborn Place
Ottawa ON K1H 6K9

NCC/CNC 2008