



### 9.8 Claim for Reimbursement of Expenses

Name: \_\_\_\_\_ Check payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_ Travel dates : \_\_\_\_\_  
 City: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Trip purpose: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Expenses :**

When travelling a considerable distance, renting a vehicle is more advantageous and is recommended. A discount is offered by Enterprise (5%) and National (10%) for car rental. Promotion Code: sbc1191

Dates—>									Total:
Transportation (train, bus, plane):									
Private vehicle	Number of km : \$0.50/km:								
Taxi:									
Car rental:									
Gas:									
Parking:									
Lodging :									
Breakfast (\$15/meal)									
Lunch (\$20/meal)									
Dinner (\$30/meal)									
Other expenses (specify):									
<b>Total expenses:</b>									

**NOTE: Invoices and receipts are required and must accompany your claim. The amounts will be reimbursed up to a maximum of the amounts already noted above.**

Signature of claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the form and all relevant documents to:**  
 Society of Saint Vincent de Paul - National Council of Canada  
 2463 Innes Road  
 Ottawa ON  
 K1B 3K3

For administrative use only	
Code :	
Cheque #	
Amount :	
Date issued:	
Signature :	