

DIOCESE OF WESTERN NEWFOUNDLAND
25 Main Street, Corner Brook, NL A2H 1C2
709-639-8712 Fax 709-639-1636

TRAVEL EXPENSE CLAIM

DATE _____

NAME _____

ADDRESS _____

POSTAL CODE _____

EXPENSES:

Bus _____

Car _____ kms @\$0.36 per km _____

Airfare _____

Other - _____

TOTAL _____

Purpose of Travel

For Office use only:

Cheque Number _____ Amount of Cheque \$ _____

Amount of HST \$ _____ Date: _____