

Presbytery of Grey Bruce Maitland
Mileage & Expense Claim

Submitted By: _____

Dates: From: _____ To: _____

Mileage				
Date	From	To	Total Km (Return)	Committee Budget (if applicable)

Total Km

Rate / Km

0.40

A Mileage Total

Out-of-Pocket Expenses (attach receipts)		
Amount	Description	Committee Budget (if applicable)

B Expense Total

Mail Cheque or Tax Receipt To:

Name:	_____
Address:	_____
Town:	_____
Postal:	_____

A Mileage Total

B Expense Total

C Claim Total (Requested Payment or Donation)

Notes:

1. Claims must be received by Treasurer by Jun. 15th and Dec. 15th to ensure prompt payment
2. Claims may be filed anytime, but will only be paid quarterly; by Mar. 31, Jun. 30 & Sep. 30
3. All claims are subject to review and approval by Presbytery
4. Claims can be submitted to the Clerk or Treasurer at any Presbytery meeting or:
 By Email to: bprice.ca@bmts.com - By Fax to: 519-376-9560
 By Mail to: Bruce R. Price CA, PO Box 844, Owen Sound ON N4K 5W9

 Signed

Charitable Donation Option:

☐ By checking this box, and by evidence of my signature above, I request and direct that such reimbursement for mileage and out-of-pocket expenses as I would be otherwise entitled to hereunder, be retained by and donated by me to the Presbytery of Grey Bruce Maitland for its charitable work and purposes, and that I be issued a tax receipt for same.