

**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 @\$0.43 per km

\_\_\_\_\_

Airfare

\_\_\_\_\_

Other - \_\_\_\_\_

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**TOTAL**

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Purpose of Travel

\_\_\_\_\_

\_\_\_\_\_

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For Office use only:

Cheque Number \_\_\_\_\_

Amount of Cheque \$ \_\_\_\_\_

Amount of HST \$ \_\_\_\_\_

Date: \_\_\_\_\_