

Diocese of Montreal – Anglican Church of Canada TRAVEL REIMBURSEMENT FORM

INSTRUCTIONS Thank you for filling out this form. Please read the following instructions BEFORE beginning the process.

This form can be (and should be) filled out by computer and saved prior to being sent by email or printed and mailed. Your help is greatly appreciated in filing this document electronically as it means that synod office staff won't have to retype the information.

If you have any questions, or require further assistance, please do not hesitate to contact the Accounting Department by telephone at 514-843-6577 or through our email address at stam@montreal.anglican.ca.

SECTION 1	IDENTIFICATION					
Name of the Claimant Church/Committee						
Claimant's Mailing address				Primary telephone number		Secondary telephone number
City Province Postal Code				Email		
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SECTION 2	CLAIM INFORMATION					
Period covered by this claim From	То					
DATE	MILEAGE	(km)	RATE	TOTAL	No	OTE (do not leave blank)
			TOTAL			