



**Travel Expense Form**  
**Anglican Diocese of Central Newfoundland**

**Date:** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expenses**

Vehicle	# of KM	_____	@ .40	\$	_____
Telephone				\$	_____
Meals				\$	_____
Airfare				\$	_____
Taxi				\$	_____
Ferry				\$	_____
Accommodations				\$	_____
Other				\$	_____
				\$	_____
				\$	_____
				\$	_____
<b>Total Expenses:</b>				\$	_____

**Purpose of Travel:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Synod Office use ONLY**

**Approved by:** \_\_\_\_\_  
**Figures checked by:** \_\_\_\_\_  
**Date Paid** \_\_\_\_\_ **Cheque #** \_\_\_\_\_