

SUNSHINE COAST HEALTHCARE AUXILIARY EXPENSE SHEET

Box 917 Sechelt, BC V0N 3A0

Chq#	Chq DT	Account#
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Payee Name _____

Address _____ **Phone #** _____

City / Postal _____

Date	Detail of Expenses	Registration	Mileage	Fares	Parking	Hotel	Meals	Misc.	GST	Total
Total										

Purpose of Expense

GST Amount	
Total Cost	
Cash Advances	
Amount Due(Owing)	

Attach all receipts to back of report

*** Mileage .55 /KM off coast**

****Max \$50 per diem, excluding alcohol**

Members Signature _____

Branch _____

Approval _____ **Date** _____