

# SUNSHINE COAST HEALTHCARE AUXILIARY EXPENSE SHEET

Box 917 Sechelt, BC V0N 3A0



Payee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City / Postal \_\_\_\_\_

Email \_\_\_\_\_

Preferred payment option  cheque

e-transfer

Date	Expense	Mileage *1	Ferry	Parking	Hotel	Meals *2	Misc	GST	PST	Total
<b>Total</b>										

Purpose of Expense \_\_\_\_\_

Member's Signature \_\_\_\_\_

Branch \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_

Please attach all receipts to back of report

\*1 Mileage \$0.70 km for off Coast only

\*2 Max \$70.00 per diem, excluding alcohol

<b>GST Total</b>	
<b>PST Total</b>	
<b>Total Expense</b>	
<b>Cash Advances</b>	
<b>Amount Due (Owing)</b>	