

# *PSW Expenses Form*

## *VCH Peer Support Program*

Instructions: Not to exceed \$      Original receipts must be attached. Claim form must be signed by PSW Supervisor.

**Section A** *(to be completed by the Peer Support worker and submitted to their Supervisor)*

Name	Site	Cost Centre Number	Claim for month of:

Date	Description of Expenses	Amount
<b>Total</b>		

*PSW signature certifying expenditure for peer support work only*

Received by \_\_\_\_\_ Date \_\_\_\_\_

**Section B** *(to be completed by the PSW's Supervisor)*

<i>Checked and approved for payment by:</i>	<i>Date:</i>

*Original and receipts to Accounts Payable*  
*Copies to: 1. Peer Support Worker; 2. Team/Unit PSW file.*