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	Cla	im for month of:
Date	Descri	ption of Expenses		Amount
			Total	
1				
PSW signature certifying expenditure for peer support work only Received by Date				Date
Section B (to be completed by the PSW's Supervisor)				
, 1				
Checked and approv	ved for navment by:	Date:		
спескей ини иррго	rea joi payment by.	Duic.		

Original and receipts to Accounts Payable

Copies to: 1. Peer Support Worker; 2. Team/Unit PSW file.