

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
	Total	

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.