

THE UNITED CHURCH OF CANADA
First Dawn Eastern Edge Regional Council

EXPENSE FORM

Date Submitted: _____ DATE OF MEETING/EVENT: _____

PURPOSE FOR TRAVEL/NAME OF EVENT: _____

Expenses will be reimbursed for those items for which receipts are provided. Receipts are not necessary for mileage. For expenses on the way home, please submit form at your meeting and send remaining receipts by email or mail.

NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

E-MAIL: _____

Pastoral Charge/Division/Team (if applicable): _____

List members travelling with you (if applicable): _____

Destination: From _____ To _____

Car _____ Km @ .30 per Km _____

Accommodations (Receipt enclosed) _____

Meals (Receipt enclosed) _____

Air Fare (Receipts enclosed) _____

OTHER _____

TOTAL _____

SIGNATURE _____
Claimant

APPROVED BY _____
Chair

I direct that \$ _____ of the funds to which I am entitled by way of this reimbursement be transferred to the Region as my gift. The usage of the donated funds will be determined by the Division of Finance and Administrative Resources each year as per the needs of the Region.

Signature: _____

Thank you.

You will receive a tax receipt for this donation.