

Ministry Leader:(please print)

Expense Claim Form

Ministry:	 	
Event:	 	

Date		Detailed Description	Total
		Include items and their use	
		(staple all receipts to <u>back</u> of this sheet)	
	Allocation:		
	Description:		
	Allocation:		
	Description:		
	Allocation:		
	Description:		
	Allocation:		
	Description:		
	Allocation:		
	Description:		
	Allocation:		
	Description:		
		Payment Request Total	\$.
Note: Only original re mailed out to the add		ed. Please allow for 10-14 business days for all reimbursement ow.	cheques to be
Payable to: (ple	ease print)	Signature Da	ate
	Mailing Addres	s (Street Number/Name, City, Province, Postal Code)	

Signature of Ministry Team Leader

Date