

Expense Claim Forms

Central United Church

Name:

Date Submitted:

Address:

Date	Details	Mileage	@ \$0.49/km	Amount	HST	Account	Program
<b>Claim Total</b>							<b>0.00</b>

I confirm that all expenses claimed above were incurred on Central United business.

Accounting Summary

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Approved by

Cheque # \_\_\_\_\_

Date \_\_\_\_\_