

CLASSIS QUINTE - EXPENSE REIMBURSEMENT FORM

Send completed form along with receipts to:

Classis Bookkeeper: Carolyn Simpson

PO Box 1076, Brighton ON K0K 1H0

bookkeeperclassisquinte@gmail.com

CIC to approve all expenses for reimbursements

Name: _____

Address: _____ PC: _____

Email: _____ Phone: _____

EXPENSE: *Please note which Classis Quinte committee/budget you're claiming this expense under:*

DATE	DESCRIPTION OF EXPENSE: MUST INCLUDE RECEIPTS	AMOUNT
TOTAL		\$0.00

TRAVEL TO CLASSIS RELATED MEETING:

DATE	DESTINATION	TOTAL KM'S	X .72 CENTS
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL			\$0.00

TOTAL REIMBURSEMENT REQUESTED: **\$0.00**

CLAIMANT'S SIGNATURE: _____

FOR OFFICE USE ONLY			
HST ON:		CHEQUE #	
50% OF 5%:		AMOUNT:	
82% OF 8%:		EXPENSE TO:	