CLASSIS QUINTE - EXPENSE REIMBURSEMENT FORM

Send completed form along with receipts to:

Classis Treasurer: Laura Vink

133 Harbour Street, Brighton ON K0K 1H0

lauravink04@gmail.com (613) 922-4304

Name: _____

Full Address: _____ PC: _____

Email: _____ Phone: _____

EXPENSE:

DATE	DESCRIPTION OF EXPENSE: MUST INCLUDE RECEIPTS	AMOUNT
	TOTAL	$

TRAVEL TO CLASSIS RELATED MEETING:

DATE	DESTINATION	TOTAL KM'S	X .58 CENTS
		TOTAL	$

TOTAL REIMBURSEMENT REQUESTED: $

CLAIMANT'S SIGNATURE: _____

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