

CLASSIS QUINTE - EXPENSE REIMBURSEMENT FORM

Send completed form along with receipts to:

Classis Treasurer: Laura Knegt

88A Harbour Street, Brighton ON K0K 1H0

treasurerquinte@gmail.com

CIC to approve all expenses for reimbersments

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 .70 CENTS
TOTAL			\$

TOTAL REIMBURSEMENT REQUESTED: \$ _____

CLAIMANT'S SIGNATURE: _____

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