Expense Claim Form

All Original Receipts Must Be Attached to be Claimed for Reimbursement

Christ The Way
Seventh-day Adventist Church

Date	Description	Amount	GST	Total	Account No. (Internal Use Only)
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
				0	
	TOTALS	**0**	0	0	

I certify that the expenses claimed are allowable and contain no items of a personal nature.

Submitted by

Signature _____ Date _____

Print Name _____

Approved by

Signature _____ Date _____

Print Name _____

Payment Detail (Internal Use Only) Amount Cheque No.

Received by