



EXPENSE VOUCHER

Please submit to
Harry Verburg, Treasurer – 76 Kemp St., Strathroy, ON N7G 0G3
(hverburg12@gmail.com)

Name: _____

Address: _____
(include postal code)

Church: _____

Expenses claimed:

Travel:

Kilometres	Rate	Purpose/Meeting	Amount
	x \$0.62 / km		
	x \$0.62 / km		
	x \$0.62 / km		
	x \$0.62 / km		
Total Mileage Claim (A)			

Other: *Please itemize and attach receipts*

Description	Purpose/Meeting	Amount
Total Other Expense Claim (B)		

Total Mileage and Other Expense Claim (A) + (B)	
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Signature of claimant: _____

Dated: _____

Paid by cheque #: _____	Date: _____	Authorized: _____
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