

EXPENSE VOUCHER



**Christian
Reformed
Church**

CLASSIS ONTARIO SOUTHWEST

Harry Verburg, Treasurer – 76 Kemp St. Strathroy
hverburg12@gmail.com

Name: _____

Address: _____

Expense Claimed:

Mileage:	Date:	KMs	Purpose	Amount
		@ \$0.60/km	for	\$
		@ \$0.60/km	for	\$
		@ \$0.60/km	for	\$

Other: Please itemize and attach receipts

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total

Signature of claimant: _____

Dated: _____

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