

Name

Eastern Synod of the Evangelical Lutheran Church in Canada 74 Weber Street West Kitchener, Ontario N2H 3Z3

Telephone: (519) 743-1461 Toll Free: 1-877-373-5242

Date

RECORD OF EXPENSES

Address	Committee	
City	Event/Purpose	
Province Postal Code	Location	
Please make cheque payable to:	(if different from Name above)	
Description		Total Expenses
Accommodation		
Meals		
Transportation: Air/Rail/Bus		
Car Rental		
Parking Toll		
Taxi/Limo		
Vehicle - Enter # of Kms x \$0.	.56/km	
Other (please specify):		
Total Expenses (Amount Due)		\$
DONATION : If you wish to donate back any of your expamount of your donation. An Eastern Synod donation		ersonal cheque for the
		ersonal cheque for the
amount of your donation. An Eastern Synod donation	receipt will be issued for this amount.	ersonal cheque for the
amount of your donation. An Eastern Synod donation	Certified Correct: (person submitting)	ersonal cheque for the
PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! Office Use:	Certified Correct: (person submitting)	(Signature)
PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS!	Certified Correct: (person submitting)	(Signature)
PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! Office Use:	Certified Correct: (person submitting)	(Signature)
PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! Office Use: Account Name Account Num	Certified Correct: (person submitting)	(Signature)
PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! Office Use: Account Name Account Num HST 1041-1000 Amount:	receipt will be issued for this amount. Certified Correct: (person submitting) mber Amount:	(Signature)