

Eastern Synod of the Evangelical Lutheran Church in Canada 74 Weber Street West

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RECORD OF EXPENSES

Name					Date			
Address				Commit	tee			
City	City				Event/Purpose			
Province		Postal Code			Location			
Please make	cheque paya	ble to:			(if differen	t from Name a	above)	
Description								Total Expenses
Accommodati	ion							
Meals								
Fransportation: Air/Rail/Bus								
Car Rental								
Parking Toll								
Taxi/Limo								
Vehicle - Enter # of Kms x \$0.40/km								
Other (please specify):								
Total Expenses (Amount Due)								\$
<u>DONATION</u> : If you wish to donate back any of your expenses to the Eastern Synod, please attach a personal cheque for the amount of your donation. An Eastern Synod donaton receipt will be issued for this amount. PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! Certified Correct:								
							(Sign	nature)
Office Use: Account Nar	ne A	Account Nu	ımber	Amount				
					Total Expenses:			
HST 1041-1000 TOTAL \$					Approved by:			
Finance App	roval: _							
Date: Cheque #:								