

Date:

Ph: 204-984-9150 / Toll Free: 888-786-6707 / Fax: 204-984-9185

Record of Expenses

Name:		Date:				
Address:	Comm			ttee:		
City/Prov:		Event/Purpose:				
Postal Code:		Location	n:			
Please make cheque payable to):					
Description			No. of Kms	Total Expenses	GST	
Accommodation						
Meals						
Transportation: Air/Bus/Rail						
Car Rental						
Parking Toll						
Taxi/Limo						
Personal vehicle: (\$0.56/km)						
Other						
			Total:			
DONATION: If you wish to make a donation to ELCIC for any of your expenses, please attach a personal cheque for the amount of your donation. An ELCIC donation receipt will be issued for this amount. → PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS! → Signature:						
OFFICE USE						
Account Name	Account Number	Amount				
			Cheque	e Approved:		
			Date:			
Expense approved by:	Total:		 Cheque	2 #		