

EXPENSE FORM

ELCIC - SASKATCHEWAN SYNOD
114 Seminary Crescent
Saskatoon, SK S7N 0X3

NAME _____ DATE OF MEETING _____

ADDRESS _____ LOCATION _____

CITY _____ POSTAL CODE _____ COMMITTEE _____

TRANSPORTATION:

Date	From	To	KM x \$.48	TOTALS

OTHER EXPENSES:

Expense	Expense Amount	GST Amount	Total
Hotel/Motel			
Meals			
Taxi			
Telephone			
Parking			
Miscellaneous			
GRAND TOTALS	\$ _____	\$ _____	\$ _____

Signature _____

Expenses over \$30 require supporting documentation in order to claim the GST rebate. Expenses under \$30 need notation of GST paid & location.

(Signature of authorization)

OFFICE USE:

Name of Account	Account #	Paid	Total Paid	Cheque #
	1035			

*Expense Cheques may be returned to Synod as a donation
- a charitable donation receipt can be issued.*