

Hope Lutheran Church ~ Request for Reimbursement

Claimant: _____				
Date: _____ mmm / dd / yyyy				
Expenses:				
Date	Details of Expenses – Attach Receipts	Assign	HST(GST)	Total
HST(GST) Total				
I certify that all expenses claimed were incurred on Church			Total Claim	

Claimant's signature

Note: To be reimbursed all expenses must be assigned to one of the following categories.

- | | | |
|---|--|--|
| Membership
* Fellowship
* Hospitality
* Membership
Witness & Mission
* Canada Lutheran
* Conferences
* Miscellaneous | General Operations
Property
* Improvements
* Contracted Out
* Furniture
* Maintenance
Stewardship | Learning
Worship
* Altar Supplies
* Books, Bulletins & Supplies
* Music & Music Copyright
* Miscellaneous
Youth |
|---|--|--|

Make an extra copy to be retained by applicable committee.

Paid by cheque # _____ Treasurer