Hope Lutheran Church Request for Reimbursement

Pastor Terry Richardson Date: _____

Mileage _____ km @ 0.42 $0.00

Date	Details of Expenses - Attach Receipts	GST	Total Amount
	GST Total	$0.00	
	Total Expenses		$0.00
	Mileage Allowance		$0.00
	Total Claim		**$0.00**

I certify that all expensesnclaimed were incured on Church business.

Claiment's Signature: _____

Submit by E-mail Print Reset Form