

Classis Eastern Canada

Expense Claim Sheet

Name _____

Address _____

Please submit completed forms to:
cectreas@gmail.com

Or mail to: **Classis Eastern Canada**
 c/o E Reitsma
 11841 Toyes Hill Road
 Williamsburg, ON K0C 2H0

I certify these expenses were incurred on behalf of / for Classis Eastern Canada related activity.

Signature _____

Expenses Claimed

Date	Expense	Purpose	Net expense	HST	Total Expense
Total					-

Mileage Claimed

Date	Starting Location	Destination	Description	Kms	Rate	Total Mileage
					0.48	-
					0.48	-
					0.48	-
					0.48	-
					0.48	-
Total Mileage						-
Total Expense claimed						-

Office Use

Cheque Date _____

Cheque # _____