

# Classis Eastern Canada

## Expense Claim Sheet

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit completed forms to:

[cectreas@gmail.com](mailto: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
			<b>Total</b>		-

### Mileage Claimed

Date	Starting Location	Destination	Description	Kms	Rate	Total Mileage
					0.54	-
					0.54	-
					0.54	-
					0.54	-
					0.54	-
				<b>Total Mileage</b>		-

<i>Office Use</i>
Cheque Date
Cheque #

<b>Total Expense claimed</b>	-
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