

Hope Lutheran Church ~ Request for Reimbursement

Claimant: _____				
Date: _____ mmm / dd / yyyy				
Expenses:				
Date	Details of Expenses – Attach Receipts	Assign Category	GST	Total
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.

- | | | |
|---|--|--|
| <p>Membership</p> <ul style="list-style-type: none"> * Fellowship & Hospitality * Membership <p>Witness & Mission</p> <ul style="list-style-type: none"> * Canada Lutheran * Conferences * Miscellaneous | <p>General Operations</p> <p>Property</p> <ul style="list-style-type: none"> * Improvements * Repairs & Maintenance <p>Stewardship</p> | <p>Learning</p> <p>Worship</p> <ul style="list-style-type: none"> * Altar Supplies * Books, Bulletins & Supplies * Music & Music Copyright * Miscellaneous |
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Make an extra copy to be retained by applicable committee.

Paid by cheque # _____ Treasurer