

**THE UNITED CHURCH OF CANADA
NEWFOUNDLAND & LABRADOR CONFERENCE
CONFERENCE, EAST & WEST DISTRICTS
EXPENSE FORM**

DATE: _____ DATE OF MEETING: _____

Claims for expenses related to meetings of District and Conference groups should be completed and signed by the claimant. Rates approved by the Districts and Conference apply.

The Chair of Finance will approve claims for District Meetings and Executive Meetings. Otherwise, approval will be by the Chair of the appropriate committee.

**CLAIMS FOR MEALS AND PUBLIC TRANSPORTATION ETC. CANNOT BE REIMBURSED
IF ORIGINAL RECEIPTS, VOUCHERS OR BILLS ARE NOT SUBMITTED.**

NAME: _____ PHONE #: _____

ADDRESS: _____ POSTAL CODE: _____

E-MAIL: _____ DISTRICT: _____

Purpose for Travel (indicate which Committee): _____

Pastoral Charge Represented (if applicable): _____

List delegates/members travelling with you: _____

Destination: From _____ To _____

Air Fare (Receipts enclosed) _____

Car _____ Km @ _____ per Km _____

Accommodations (Receipts enclosed) _____

Meals (Receipts enclosed) _____

TOTAL _____

SIGNATURE _____
Claimant

APPROVED BY _____
Chair

*I direct that \$ _____ of the funds
to which I am entitled by way of this reimbursement
be transferred to the Newfoundland and Labrador
Conference as my gift.*

Signature: _____

Thank you.

You will receive a tax receipt for this donation.