

## Expense Reimbursement

NAME ON CHEQUE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CHARGE TO MINISTRY: \_\_\_\_\_

REASON OF EXPENSE: \_\_\_\_\_

APPROVED THROUGH: BUDGET: \_\_\_\_\_ CBM/MOTION (#): ( \_\_\_\_\_ ) DATE: \_\_\_\_\_

DATE INCURRED	FULL DETAILS OF EXPENSE	SALES TAX (If any)	RECEIPT "R" ATTACHED	AMOUNT
	<b>Total Amount</b>			

*RE: Receipts: 1. Ensure all necessary receipts are attached and stapled. 2. Indicate "R" and "HST" in the appropriate column where a receipt and tax apply. 3. Use an extra sheet if more space is needed.*

### CERTIFICATION:

*This is to certify that the amounts shown in this statement was incurred by me on behalf of  
First Filipino Canadian Seventh-Day Adventist Church.*

SIGNATURE: \_\_\_\_\_

PAYMENT RECOMMENDED BY  
 TREASURER or DESIGNATE (PRINT/SIGN): \_\_\_\_\_ / \_\_\_\_\_

APPROVED BY OVERSEEING ELDER (PRINT/SIGN): \_\_\_\_\_ / \_\_\_\_\_  
 or LEAD ELDER or LEAD PASTOR

PAID WITH CHEQUE #: \_\_\_\_\_

RECEIVER (PRINT & SIGN): \_\_\_\_\_ / \_\_\_\_\_ DATE: \_\_\_\_\_