

Trinity Lutheran Church Expense Reimbursement Form

Please attach all receipts to this form and summarize below:

To be charged to the following accounts:

Name of Board	Line Item	Purpose	GST/HST	Total Amount <i>Including GST/HST</i>

TOTALS

=====

Total Reimbursement: \$ _____

Person/Company to be reimbursed: _____

Approved by: _____ Date: _____
Member of Board of Directors, Pastor, or DPS

For Treasurer's Use Only

Paid by _____

Cheque No: _____

Date: _____

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