



**Evangelical Lutheran Church in Canada**  
**Eglise Evangélique Luthérienne au Canada**

302 – 393 Portage Ave., Winnipeg, Manitoba R3B 3H6 (204) 984-9150 Fax: (204) 984-9185

**RECORD OF EXPENSES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Committee: \_\_\_\_\_  
 City: \_\_\_\_\_ Event/Purpose: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Location: \_\_\_\_\_

Please make cheque payable to: \_\_\_\_\_

| Description                                      | Total Expenses | GST included in Total |
|--|----------------|-----------------------|
| Accommodation                                    |                |                       |
| Meals  |                |                       |
| Transportation: Air/Rail/Bus                     |                |                       |
| Car Rental                                       |                |                       |
| Parking Toll                                     |                |                       |
| Taxi/Limo  |                |                       |
| Personal vehicle: number of km _____ x \$0.40/km |                |                       |
| Other:   |                |                       |
|  |                |                       |
| <b>TOTAL EXPENSES</b>                            |                |                       |

**DONATION:** If you wish to make a donation to ELCIC for any of your expenses, please attach a personal cheque for the amount of your donation. An ELCIC donation receipt will be issued for this amount.

**PLEASE REMEMBER TO ATTACH ALL YOUR RECEIPTS!**

Signature: \_\_\_\_\_

**Office Use:**

| Account Name | Account Number | Amount   |
|--------------|----------------|----------|
| _____        | _____          | \$ _____ |
| _____        | _____          | \$ _____ |
| _____        | _____          | \$ _____ |
| _____        | _____          | \$ _____ |
| _____        | _____          | \$ _____ |

DFA Approved: \_\_\_\_\_  
 Date: \_\_\_\_\_ Cheque # \_\_\_\_\_  
 Revised: July 1, 2007

**Expense Summary:**

|                          |             |
|--------------------------|-------------|
| Total Expenses           | \$ _____    |
| Less: Deduction _____    | - _____     |
| Amount Due:              | \$ _____    |
| Certified Correct: _____ | (Signature) |
| Date: _____              |             |
| Approved By: _____       |             |