

CHURCH OF GOD IN WESTERN CANADA

EXPENSE CLAIM FORM

(Please Submit All Receipts – Receipts should show GST breakdown & GST# of Vendor)

Return: Unit #102, 4909B – 48 St, Camrose, AB T4V 1L7

Ph. (780) 672-0772 Fax: (780) 672-6888 EMAIL: office@chog.ca

NAME: _____

ADDRESS: _____

	(Check which one applies)
CONGREGATIONAL SERVICES	
Children's Ministry Task Force	
Youth Task Force	
Redevelopment	
LEADERSHIP DEVELOPMENT	
Event:	
OFFSHORE MISSIONS	
CENTRAL AGENCY SERVICES	
Convention Committee	
Credentials Division	
Other:	
Board of Directors	
Financial Services Committee	
OTHER:	

	TOTAL AMOUNT	GST – 5% Account #1075 <small>(Vendor receipt should have the 9-digit GST # on it.)</small>	OFFICE USE	OFFICE USE ONLY Account #
Use of Personal Vehicle _____ km @ \$0.38/km ODOMETER: Start _____ Finish _____				
Commercial Transportation				
Meals				
Lodging				
Postage				
Phone				
Other (specify):				
TOTAL =				

Signature of Claimant

Date

DONATION NOTE: For those wishing to donate back a portion or all of your expense, please make a cheque payable to: "Canadian Church of God Ministries." We will issue you a cheque for the full amount of your expense. You can send the cheque after you receive our cheque.