

**CANADIAN CHURCH OF GOD MINISTRIES
EXPENSE CLAIM FORM – BOARD OF DIRECTORS**

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

Vendor) Return: Unit #102 - 4909B -48 Street, Camrose, Alberta T4V 1L7

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

NAME: _____

ADDRESS: _____

	(Check which one applies)
BOARD OF DIRECTORS	
Audit Review Committee	
Financial Services Committee	
Nominating Committee	
Human Resources Committee	
Policies Committee	

	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 =				

NOTES:

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.