



Grace Christian Reformed Church

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Expense Report

To be filled in by Person submitting Expenses:

Name of Person Needing Reimbursement: _____

Committee: _____

Date	Description	Amount Before Taxes	HST	Total
Column Totals				

Signature: _____ Date: _____

Receipts must be attached to this expense form.

To be filled in Committee Chair:

Date	Budget for Current Year	Budget Amount Left Before this Expense	Amount Submitted	Budget Amount Left After this Expense

Approved by: _____ Date: _____

To be filled in by Treasurer:

If above amount is different then treasurer records, please work out with Committee Chair.

Date	Cheque Amount	Cheque Date	Cheque Number