



Ottawa Presbytery Expense Claim Form

Name: _____

Date: _____

Travel Claims:

Presbytery: _____ Total kms (-32): _____ Rate: _____ Total: _____

Committee: _____ Total kms: _____ Rate: _____ Total: _____

Committee: _____ Total kms: _____ Rate: _____ Total: _____

Committee: _____ Total kms: _____ Rate: _____ Total: _____

(Presbytery, Executive and Committee Rate 0.22/km)

(Pastoral Relations/Staff Rate 0.39/km)

Parking Claims (actual amount): _____

Total Travel Amount Claimed: _____

Expense Claims:

Explanation:	Committee/Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expense Amount Claimed: _____

TOTAL AMOUNT CLAIMED: _____

I donate the following amount \$ _____ to the Ottawa Presbytery.

Signature: _____