## Classis Huron Youth Ministry Team

	Stree	t, Guelph, ON	N1G 4L4 AND CH	YMT (	CHAIR Lesi	i van Milligen leslilynne@gmail.com
Name of Committee Member: Sub team and title: Date Submitted: Deposit or Remimburesment:					:	**Please use the following event/subfund terminology when turning this request into the classis treasurer AND CHYMT chair: Fall Retreat, Fall Leadership Studio, Spring Leadership Studio, Bursary, Youth leadership support,Administrative mileage, copying, appreciation
Remimburesment: :Name and Address or						
cheque recipient:						
DATE EVENT/S	UBFUND**			١	AMOUNT	NOTES
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SIGNATUR	DATE:		APPROVED:	DATE:		

