**Classis Huron of the Christian Reformed Church**

Classical Treasurer



*I request reimbursement for expenses which I have incurred to date on behalf of Classis Huron.*

*These expenses, payable in accordance with the Rules and Procedures of Classis Huron are as follows:*

1 – Classis Meeting 6 – Home Mission Team (CHMT)

2 – AdCom Meeting 7 – Student Fund (CHLT)

3 – CMC Meeting 8 – Youth Ministry

4 – Church Visitation 9 – Other (please specify):

5 – Regional Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expense # | Description | Date Incurred | Base Amount | HST | Total Amount |
|  | Travel From:To:  \_\_\_\_\_\_ km @ $0.64 per km |  |  |  |  |
|  | Travel From:To:  \_\_\_\_\_\_ km @ $0.64 per km |  |  |  |  |
|  | Travel From:To:  \_\_\_\_\_\_ km @ $0.64 per km |  |  |  |  |
|  | Lodging at☼: |  |  |  |  |
|  | Meals☼ |  |  |  |  |
|  | Office supplies☼ |  |  |  |  |
|  | Postage☼ |  |  |  |  |
|  | Other (please specify)☼:  |  |  |  |  |
|  | Totals |  |  |  |  |

Submitted by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit to:

Evert Nagel, Classis Treasurer

566 Richmond Avenue North,

Listowel, ON N4W 2Z3

clhuron.treasurer@gmail.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☼ denotes: receipt(s) must be attached.