



Edmonton Vietnamese Alliance Church

English Ministries

<http://www.evacem.com>

EXPENSE REIMBURSEMENT FORM

Submitted by:

(Name)

(Date)

Cheque Payable to:

(If different from above)

Mailing Address:

(Address)

(City)

(Province)

(Postal Code)

Phone #:

Area of Ministry:

Date	Expense Description	Amount	GST	Total
			TOTAL	

Please attach original receipts – Requests for reimbursement must be submitted no later than 2 months following the date for which the expenses were incurred. If required, please make a copy of the original receipt for your own records. Expenses need to be approved by one of our Pastors before a cheque can be issued by our Treasurer.

INTERNAL USE ONLY

Expense Approved by:

(Name)

(Signature)

(Date)

Payment Issued by:

(Name)

(Cheque #)

(Date)