Appendix 10

BE IN CHRIST
CHURCH OF CANADA

Reimbursement Form

Pay to: _____ Date: _____
Print Name

Role: _____ Attached Receipts (#): _____

Date of Expense	Purpose	HST	Total
Driving	Mileage Total =	km	$0.50

TOTAL : $

Signature: _____

TO BE COMPLETED BY BIC CANADA

Approval	Ministry Budget