

**Osler Mission Chapel
Church Expense Form**

Attach all receipts here:

Claimants Name: _____

Date of Claim: _____

<u>Invoice Number</u>	<u>Church Department</u>

<u>Items Purchased</u>	<u>Price per invoice</u>
1.	
2.	
3.	
4.	
5.	
Total GST paid on all bills: \$ _____	Total paid on all bills including tax \$ _____

Please attach any invoices and receipts.
Submit to Richard Weber, box 114.

For office use only:

Date paid: _____

Paid by: _____

Cheque #: _____