

CANADIAN YEARLY MEETING -- QUAKERS IN CANADA  
91A FOURTH AVENUE, OTTAWA, ONTARIO, K1A 2L1  
(613) 235-8553/ (888) 296- 3222. [WWW.QUAKER.CA](http://WWW.QUAKER.CA)

EXPENSE CLAIM FORM  
(FOR ALL BUT TRAVEL EXPENSES)

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

Amount claimed: \$ \_\_\_\_\_ i.e. \_\_\_\_\_ dollars \_\_\_\_\_ cents \*

Purpose: \_\_\_\_\_

Minute number: \_\_\_\_\_ ( Please attach appropriate minute.)

Other Reason for Claim \_\_\_\_\_ Authorization \_\_\_\_\_

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

**DONATION**

If you would like to donate some or all of your reimbursement back to CYM, please complete the following:

I, \_\_\_\_\_, direct that  all of the funds, or  \$ \_\_\_\_\_ of the funds to which I am entitled by way of reimbursement for \_\_\_\_\_, and which would otherwise be forwarded to me by cash or cheque, be transferred to Canadian Yearly Meeting as my gift.

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

- **Attach receipt** for audit purposes. CYM can claim 50% of GST if you attach original (or copy).
- If you have questions about this form, please contact the Clerk of Finance Committee ([clerk-finance@quaker.ca](mailto:clerk-finance@quaker.ca))