

CANADIAN YEARLY MEETING – QUAKERS IN CANADA
91A FOURTH AVENUE, OTTAWA, ONTARIO, K1S 2L1
(613) 235-8553/ (888) 296- 3222. 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)

FORM: CYM – FIN-002-14