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	dol	llars	cents
Purpose:				
Minute number:	_(Please att	tach appropr	riate minute.)	
Other Reason for Claim		A	Authorization	·
Name:				
Address:				
DONATION				
If you would like to dona please complete the follo		all of your re	eimbursemen	t back to CYM,
I,	, direct the	hat all	of the funds,	or \$
of the funds to which I and v	m entitled by	y way of reir	mbursement	for
cheque, be transferred to	Canadian Y	early Meeting	ng as my gift	Į .
Date:	Signatu	ıre		
Attach receipt for audit original (or copy).	purposes. C	YM can clai	m 50% of G	ST if you attach
If you have questions ab Committee (clerk-finance@		m, please con	ntact the Cler	rk of Finance

FORM: CYM - FIN-002-14