



Gordon Memorial United Church

401 2nd Street SE

Redcliff, AB

403-548-7110

If you have any queries regarding this form , please contact Sharon Kirvan (paws2sew@shaw.ca)

Expense Reimbursement / Donation Receipt Form

Name _____

| Date | Expense Detail | | Amount |
|-------------------------------|----------------|-----|--------|
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| | | | |
| Total Expenses | | A | |
| Total Donation Amount | | B | |
| Total Reimbursement Requested | | A-B | |

I, the undersigned, direct that the funds to which I am entitled by way of reimbursement for the attached expense, and would otherwise be forwarded to me by cash or cheque, be transferred to GMUC as my gift.

Signature of claimant

Date

Please attach receipts and return this form to General Treasurer

For GMUC admin use only

Claim Approved by

Date

Charged to Budget Line:

Amount

GST

| Charged to Budget Line: | Amount | GST |
|-------------------------|--------|-----|
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