SAINT JOHN PRESBYTERY

TRAVEL EXPENSE FORM

NAME: _____

PLEASE PRINT

HOME ADDRESS: _____

PLEASE RETURN THIS COMPLETED FORM TO THE FINANCE COMMITTEE OR TREASURER TWICE A YEAR. THE FIRST FORM IS DUE JUNE 30th FOR THE PERIOD JANUARY TO JUNE AND THE FINAL FORM IS DUE DECEMBER 15th FOR THE PERIOD JULY TO DECEMBER. MEMBERS OF THE PASTORAL RELATIONS COMMITTEE WILL SUBMIT THEIR FORM TO THE CHAIR OF THEIR COMMITTEE. ALL CLAIMS MUST BE PAID BY THE END OF DECEMBER.

DATE	COVENTANTING SERVICE KM	COMMITTEE KM	EXECUTIVE KM	PRESBYTERY KM	JNAC KM
TOTALS					

GRAND TOTALS **X .20 KM = $** _____

_____ _____

DATE SIGNATURE