



PRINCE EDWARD ISLAND PRESBYTERY

c/o Betty Gamester, Treasurer
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R E Q U E S T F O R P A Y M E N T (Committee Work)

Name of Committee:	
Payable to (Committee members name):	
Mailing Address:	
Civic Address (if different from above):	
Postal Code:	Telephone #:
Date submitted: _____	Description of Expense: _____ _____ _____
Travel (return)	(Breakdown of mileage please) (1) _____ # of Km to _____ (2) _____ # of Km to _____
Total KM _____ x allowable rate 30 cents/km= \$	
Telephone expense	
Photocopying	
Other (please specify):	
Total Expense this claim \$	

Authorized by	_____ (committee chair or designated person)
Date Paid	
Cheque #	

Please photocopy this form as needed