

**Christian Reformed Church of Georgetown
Expense Report**

Name: _____ **Requisition date:** _____

Address: _____
(Name and address of business or individual to whom payment will be made)

(Note: receipts must be attached for payment/reimbursement)

Approval: _____ **Committee/Ministry:** _____
Sign (here) ↗

Print here → _____

Purchase Date	Purchase Description	Cost including taxes	HST on Receipt

Total		
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Total payment/reimbursement	\$	
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