CANADIAN UNITARIAN COUNCIL
CONSEIL UNITARIEN DU CANADA

Expense Claim

Name:

Address:

For:

Expense	Total Amount	Date	Internal Use
Totals			

Submit this form with *original* receipts to:

(for credit card transactions, credit card transaction receipt and sales receipt needed)

Canadian Unitarian Council
215 Spadina Avenue, Suite 400
Toronto, ON M5T 2C7

Authorizing Signature **Date**