

STATEMENT OF EXPENSES FOR CHURCH VISITING
CLASSIS BC NORTH WEST

Please submit this form to the Stated Clerk for reimbursement: kathy.bcnw@outlook.com

The undersigned incurred the following expenses in participating in an official classical church visit as a representative of Classis BCNW

NAME _____ SIGNATURE _____

ADDRESS _____

POSTAL CODE _____

HOME CHURCH _____

CHURCH VISITED _____ DATE _____

AIRFARE _____ \$ _____

FERRY _____ \$ _____

Mileage _____ KM@\$0.45 \$ _____

Any Additional Expenses \$ _____

TOTAL EXPENSES \$ _____

APPROVED FOR PAYMENT _____

Stated Clerk, Classis BCNW
Classical Interim Committee