

The Catholic Women's League of Canada  
 London Diocesan Council  
 Expense Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

PURPOSE

AMOUNT

\*If you pay for more than just you, write the names of the persons on the receipt

**TRANSPORTATION (\$0.30 PER KM)**

	_____ KM		\$ _____
	_____ KM		\$ _____
	_____ KM		\$ _____
	_____ KM		\$ _____
	_____ KM		\$ _____

**ACCOMODATION**

	Place & event:		\$ _____
			\$ _____

**MEALS**

	Breakfast \$13		\$ _____
	Lunch \$17		\$ _____
	Dinner \$35		\$ _____

**Postage**

	\$ _____
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**Printing**

	\$ _____
	\$ _____
	\$ _____

**TELEPHONE: attach copy of bill with calls highlighted**

	\$ _____
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**Miscellaneous**

	\$ _____
	\$ _____
	\$ _____
	\$ _____

**Total Amount Request** \$                     

Submitted by (Signature required) \_\_\_\_\_

Approved by: 2 of 3: President, Recording Secretary, Treasurer

\_\_\_\_\_  
 \_\_\_\_\_

CHEQUE # \_\_\_\_\_

DATE OF CHEQUE: \_\_\_\_\_