

**ELGIN PRESBYTERY  
UNITED CHURCH OF CANADA  
REIMBURSEMENT CLAIM FORM**

**TODAY'S DATE:**

**YOUR NAME:**

**YOUR PRESBYTERY DIVISION:**

**YOUR MAILING ADDRESS:**

**YOUR PHONE NUMBER: 519-**

**YOUR EMAIL:**

<b>DATE</b>	<b>LOCATION</b>	<b>KM TRAVELED @ 20 CENTS/KM</b>	<b>OTHER: PLEASE SPECIFY</b>	<b>REIMBURSEMENT</b>

**TOTAL :** \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Signature of Division Chair**