



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 (\$0.40 PER KM)

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

ACCOMODATION

Place & event:	_____	\$ _____
	_____	\$ _____

MEALS

Breakfast \$20	_____	\$ _____
Lunch \$25	_____	\$ _____
Dinner \$40	_____	\$ _____

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: _____