

REIMBURSEMENT OF EXPENSES FROM VICTORIA PRESBYTERY

C/O Presbytery Treasurer, Centennial United Church,
612 David Street Victoria, V8T 2E1

Cheque reimbursement to:

Name _____ Date of Event: _____

Address: _____

Amount paid (attach receipts)	Price
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total \$ _____