

REIMBURSEMENT OF YOUTH EXPENSES FROM VICTORIA PRESBYTERY

c/o Robbie Pawlinsky 4002 Gerard Place Victoria, BC V8Z 7L7

Cheque reimbursement to:

Name: _____

Name of Event: _____

Address: _____

Date of Event: _____

AMOUNT PAID (ATTACH ORIGINAL RECEIPTS)	PRICE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$ _____	

APPROVED BY: _____

Programme Committee Co-Chair