

## Classis Huron of the Christian Reformed Church

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Name:							
Address	:						
Classical	Treasurer:						
		nt for expenses whic ble in accordance wi					
	re as follows:	210 III 4000144II.00 III			o ana opecian i	ugo o. o	200.0
Date Incurred	Meeting or Committee	Description				Amount	Office Use only
		travel from:	to:		and return		
		total kilometres:	@	per km			
		travel from:	to:		and return		
		total kilometres:	@	per km			
		travel from:	to:		and return		
		total kilometres:	@	per km			
		Office Supplies					
		Postage					
		Telephone					
					Total		
							<b>≟</b>
Send com	pleted form to:						
John Bell.	Treasurer			Oiem at			
11 Smart Street				Signature:			
Guelph, ON N1G 4L4							

Date: