**2017 NATIONAL CONVENTION EXPENSE VOUCHER**

Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBMIT TO:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LUTHERAN CHURCH—CANADA

3074 Portage Avenue

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P. Code \_\_\_\_\_\_\_\_\_\_ Winnipeg, MB R3K 0Y2

Attention: Deb Kitlar

Report Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [bms@lutheranchurch.ca](mailto:bms@lutheranchurch.ca)

**NOTES:**

-Canada Revenue Agency guidelines suggest that claimed expenses be supported with original receipts wherever

possible. Except for mileage and meal allowance, LCC will be unable to reimburse for expenses which are not supported with original receipts.

-A meal allowance of $30 has been included in the table below. We kindly ask that meal receipts not be included with this Voucher.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AUTO TRAVEL** (35¢ per km plus 7¢ per km for each additional delegate. Amount not to exceed lowest airfare per delegate)  **Delegates names**: | | | | |  |  |  |
| Date | From | To | Mileage Rate | Total |  |  |  |
|  |  |  |  |  |  | 50% |  |
|  |  |  |  |  |  |  |  |
| **OTHER EXPENSES** (Attach receipts where possible):  Total | | | | |  |  |  |
| Airfare | |  |  |  |  |  |  |
| Local Cab/Transportation | |  |  |  |  | 50% |  |
| Meal Allowance $30.00 per travel day maximum $120 subject to approval. | |  | Dates Claimed: |  |  | 50% |  |
| Other | |  |  |  |  | 50% |  |
| Total Expenses | | | |  | 1210-10 |  |  |
| (OPTIONAL) Donation to Lutheran Church–Canada for which a charitable receipt will be issued - please sign contract below | | | |  |  |  |  |
| **FOR CRA PURPOSES:** I, direct that a portion ($ ) of the funds to which I am entitled by way of reimbursement, and would otherwise be forwarded to me by cash or cheque, be transferred to (circle one) LCC as my gift | | | |  | A/C # |  |  |
| **Balance, for which a cheque will be issued** | | | |  | Total  Expenses | |  |

**Declaration:**

*I have read and understood the aforementioned Notes and have submitted receipts for all expenses except meals and mileage.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Claimant Accounting Manager