

**Northern Spirit Regional Council
The United Church of Canada**

GENERAL EXPENSE REQUEST

Pay to:

Name: _____

Street or PO Box #: _____

Town/Prov/Terr: _____ Postal Code: _____

Claimant Signature: _____

Meeting of: _____

Location: _____ Date: _____

Please attach all receipts for Regional Council GST Rebate

Description of Claim:	Budget #	Amount
<i>All Donations will receive a Charitable Donation Receipt # _____</i>	Total:	\$
	Donation:	\$
	Net Claim:	\$
Approved by: _____		Date: _____

SEND TO: Northern Spirit Regional Council
13535 122 Avenue NW
Edmonton AB T5L 2V7
NorthernSpirit@united-church.ca