

# CENTRAL DISTRICT EXPENSE VOUCHER



**SUBMIT TO:**

LCC—Central District  
3074 Portage Avenue  
Winnipeg, MB R3K 0Y2

LCCcentral@lutheranchurch.ca

Fax: 204-897-4319

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*(eg. Nature of meeting)*

**THE FOLLOWING EXPENSES**

**WERE INCURRED ON BEHALF OF:**

\_\_\_\_\_  
*(Date of meeting)*

\_\_\_\_\_  
*(Location)*

- NOTES:** 1. Canada Revenue Agency guidelines suggest that claimed expenses be supported with original receipts wherever possible. Except for mileage, LCC Central District will be unable to reimburse for expenses which are not supported with original receipts.  
2. Mileage claims will be compared to the mileage stated on Google Maps for the route. Please explain any significant differences.

| TRAVEL – Attach all receipts ( Auto travel is 49¢ per km – 2018 )   |      |    |                            |  | Total     | For office use only |     |
|---|------|----|----------------------------|--|-----------|---------------------|-----|
| Date  | From | To | Airline Flight # / mileage |  |           |                     |     |
|   |      |    |                            |  |           | 50%                 |     |
|   |      |    |                            |  |           |                     |     |
| OTHER EXPENSES – Attach all receipts  |      |    |                            |  | Total     |                     |     |
| (Indicate Dates)  |      |    |                            |  |           |                     |     |
| Hotel   |      |    |                            |  |           |                     |     |
| Baggage Fees  |      |    |                            |  |           |                     |     |
| Local Cab/Transportation  |      |    |                            |  |           |                     | 50% |
| Meals   |      |    |                            |  |           |                     | 50% |
| Other   |      |    |                            |  |           |                     | 50% |
| Total Expenses  |      |    |                            |  |           |                     |     |
| <b>(OPTIONAL)</b> Donation to LCC Central District for which a charitable receipt will be issued - please sign contract below:  |      |    |                            |  |           |                     |     |
| <b>FOR CRA PURPOSES:</b><br>I, _____ direct that a portion (\$ _____ )<br>of the funds to which I am entitled by way of reimbursement, and would otherwise be forwarded to me by cheque, be transferred to LCC Central District as my gift. |      |    |                            |  |           | A/C #               |     |
| <b>Balance, for which a cheque will be issued</b>   |      |    |                            |  | <b>\$</b> | Total Expenses      |     |

**Declaration:**

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

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Accounting Manager