



Calgary Korean Baptist Church

I. Payee & Claim Amount Information:

Submission Date: Date: _____ Month: _____ Year: _____

Payable to: Last Name: _____ First Name: _____

or Company Name: _____

Total Claim Amount: \$ _____ GST: \$ _____

II. Expense & Claim Service Team Information:

Expense Description: _____

Claim Service Team: _____ Payment Code: _____

Service Team Leader (print name): _____

Signature: _____

If different with Service Team Leader:

Representative for Claim (print name): _____

Signature: _____

Please ensure all receipts are attached with the claim. A detailed expense description must be provided for the claim (attach a separate sheet as necessary). If applicable, all documentation (e.g. conference brochures, etc.) related to the claim must be submitted.

For CKBC Treasury/Finance Service Team USE ONLY

Issue Date: Date: _____ Month: _____ Year: _____; Check No.: _____

Team. Authorizer/Chair (print name): _____

Signature (1): _____

Treasurer (print name): _____

Signature (2): _____

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www.calgarykb.net