

**EfM COORDINATOR EXPENSE FORM**

\_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Diocese \_\_\_\_\_

**FUNDS SENT:**

Date \_\_\_\_\_ Amount Sent \$ \_\_\_\_\_

Date \_\_\_\_\_ Amount Sent \$ \_\_\_\_\_

Total to be accounted:

for.....\$ \_\_\_\_\_

**EXPENSES:**

Telephone: .....\$ \_\_\_\_\_

Postage:.....\$ \_\_\_\_\_

Publicity:.....\$ \_\_\_\_\_

Travel: .....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** .....\$ \_\_\_\_\_

**BALANCE IN FUND:**

Any remaining balance is to be returned to EfM Canada.

Attach cheque to this form. ....\$ \_\_\_\_\_

Return this form to:

**EfM Canada**  
#201 - 380 Leathead Road  
Kelowna, BC  
V1X 2H8