



201-380 Leathead Road, Kelowna, BC V1X 2H8  
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[www.efmcanada.ca](http://www.efmcanada.ca)

**Efm Coordinator**  
**Personal Expense Claim Form**

Date of the Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Diocese: \_\_\_\_\_

**EXPENSES FOR THE EVENT**

*Please attach a detailed list of expenses up to \$100.00 total claim.  
All expenses must be accompanied by a receipt.*

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

Return this completed form with accompanying expense list and receipts to:

**Efm Canada**  
#201 - 380 Leathead Rd  
Kelowna BC V1X 2H8