

MINISTRY'S CANADIAN CONFERENCE GRANT REQUEST

DATE:	YOUR MINISTRY NAME & CITY:		
YOUR NAME:			PHONE:
YOUR EMAIL:			
MINISTRY MAILING ADDRESS	S:		
Enter full amounts. The		eimbursed up to	the amount the Ministry is eligible for. Il receipts.
	DATE	\$ CAD	COMMENTS
ACCOMMODATION &/OR FOOD			
AIR FARE or MILEAGE *			
TRANSPORTATION			
REGISTRATION			
TOTAL			
"Reasonable Allowance Ra	ates for 2024" ole to receive th	nis Grant, the M	at the rate of \$0.70/km per CRA linistry's attendees must actively participat lees" includes voting delegates.)
•	• •		ee(s). At its discretion, the Ministry may of the Grant it receives.
Please write the amount of yon the email your Ministry reco			-
•	•		the Unity Canada Treasurer?

Send this Conference Grant Request to:

UNITY CANADA TREASURER

PO Box 5158 Stn Baden; Baden, ON N3A 4J3

before considering this Grant Request.

OR email to treasurer@unitycanada.org