



**EXPENSE REPORT**

DATE \_\_\_\_\_

Cheque payable to: \_\_\_\_\_

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

<i>Type of Expense</i>	<b>Amount</b>
Event refreshments	
Posters/Media	
Postage	
Office Supplies	
Hall Rental	
Other Expense	
<b>TOTALS</b>	0

Office Use Only
Posted
Paid
Cheque #

Submit to Treasurer Krista Kaptein

*For reimbursement, complete this form and attach all pertinent receipts.  
MUST BE SUBMITTED WITHIN 90 DAYS OF INCURRING EXPENSE*



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