

EXPENSE CLAIM FORM

Cheque No. _____

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

WORK SITE: _____

ACCEPTED EXPENDITURES

DESCRIPTION	PART A	Amount \$	For Office Use:
Total A			

APPROVED MILEAGE	PART B	Amount \$	For Office Use:
Total B			

Total A + Total B = \$ _____

Total Amount of Cheque

Note: Reimbursement will occur when expenses total \$50.00 or more.

Claimant's Signature: _____

District Treasurer: _____