

PLEASE STAPLE RECEIPTS TO REVERSE OF THIS FORM

OLD SALTS SENIORS CANOE CLUB

Expense Reimbursement Form

ITEMIZED EXPENSES:

DATE	ACCOUNT	DESCRIPTION	COST

TOTAL EXPENSES

EXPENSE ACCOUNT LEGEND:

200=MISCELLANEOUS
201=NEWSLETTER
204=NAME TAGS
205=EQUIPMENT REPAIRS

206=TRAINING COSTS
208=BONDI VILLAGE
210=CHRISTMAS DINNER
211=OFFICE SUPPLIES

212=PARADISE LAKE
213=SOCIA EVENTS
214=RENT/AFFILIATION FEES
217=DONATIONS

REQUESTER'S NAME: _____ (PLEASE PRINT CLEARLY)

DATE: _____ **TELEPHONE #:** _____

CHEQUES CAN BE PICKED UP **OR** MAILED. PLEASE INDICATE CHOICE BELOW:

WILL PICK UP:

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PLEASE MAIL TO:

NOTES:

OFFICE USE ONLY

DATE PAID:

AMOUNT:

CHEQUE #:

ISSUED BY: