



Expense Form

Reference: -

First Name:		Last Name:		Phone:	
Address:				City:	
Postal Code:		Email:			

Event:		Date:	
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Description	Supplier	Net	Taxes	Total
		Total:		

Note: By submitting for reimbursement, you attest to the accuracy and validity of the listed expense claims.

Instructions:

1. Complete personal information to ensure cheque is mailed to the proper address.
2. Provide brief description of event and date.
3. Itemize expenditures ensuring taxes are separated. It's okay if like items (eg: groceries) are listed as one line-item provided they are from the *same* receipt.
4. Calculate totals ensuring they equal the sum of all receipts
5. Send completed form plus images of all receipts to treasurer@mississaugasailingclub.com. Alternatively, send hard copies to our address, attention Treasurer.
6. Once processed, a cheque will be mailed to your address.

For Office Use Only:	
Approved by:	
_____ Signing Officer 1	_____ Signing Officer 2