



Expense Form

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

Event:		Date:	
--------	--	-------	--

Description	Supplier	Net	Taxes	Total
Total:				

By signing below I attest to the accuracy and validity of the listed expense claims.

 Signature

- 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. Attach original receipts to Expense Form
 6. Sign Expense Form
 7. Deliver to MSC, attention Treasurer
 8. Once processed a cheque will be mailed to your address

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