

EXPENSE CLAIM / CHEQUE REQUEST

Date: _____

Full name of requester: _____ Cheque made out to: _____

Disposition of cheque: Name of mail slot: _____
 Or: Mailing address: _____

Date of expense	Cost of item	GST	Total +GST	Description of items	Charge (committee/budget line)

TOTAL FOR CHEQUE: _____

PLEASE ATTACH RECEIPTS TO THIS FORM SECURELY.

Please check first for a) funds available for committee b) approval signature from committee chair

Signature: _____ Print name: _____ Position: _____

<p>TREASURER'S RECORD Cheque #: _____ Date issued: _____ Notes:</p>

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