

Expense Claim Form



Please ensure all fields are completed. An incomplete form may delay reimbursement.

Payee Information

Name: _____ Date: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Email Address: _____
Send Payment By: Cheque E-transfer (email address above will be used)

Expense Details

Date	Description (Event, purpose, etc)	Synchro Team	Total Cost
Reimbursement Total:			

Authorization

I certify that all expenses incurred are related to the Aldergrove Figure Skating Club business, that none have been claimed from other organizations, that they comply with expense guidelines and that I personally paid for them.

Claimant Signature _____ Date: _____
Approval Signature _____ Date: _____