



## EXPENSE CLAIM FORM

### 2020 - 2021

ITEM	ACCT. / MOTION REF.	AMOUNT CLAIMED

**Mileage B/fwd. from Mileage Form attached.....**      \$ \_\_\_\_\_

**TOTAL CLAIM .....**      \$ \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

*(pls. print)*

MEMBER'S SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
**Signature of PRESIDENT**

\_\_\_\_\_  
**Signature of TREASURER/ACCOUNTANT**

1. All claims (except mileage) require official receipts.
2. Receipts MUST be attached to this claim.

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆ **TREASURER'S USE** ◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

**Date of Cheque:** \_\_\_\_\_

**Cheque #:** \_\_\_\_\_

**Original filed under Acct.:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**School:** \_\_\_\_\_