

EXPENSES FORM

Expenses should be pre-approved by the Executive Please number and attach all receipts - unreceipted items will not be refunded

will be		Name:		
ACUA		Date:		
		Purpose of Expenditure:		
Date	Receipt #	Expense Items		Amount paid
Claimant's Signature:			Pay to Claimant (CDN)	
Claimant's Signature:			_	
	Date:			
			_	
Exec's Signature:				
			-	
	Date:		_	