## PORT MOODY

## **EXPENSES FORM**

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

W.		Name:		
PORT MOODY		Date:		
		Purpose of Expenditure:		
Date	Receipt #	Expense Items		Amount paid
				r=====================================
Claimant's Signature:			Claimant (CDN)	\$0.00
Date:				
	Evento Signatura			
	Exec's Signature Date			
	_ 410			