## **Expense Claim Form**

Please ensure that all fields are completed and receipts are attached. A valid receipt must include transaction date, name of supplier, and full

description of purchased items.

An incomplete form/receipt may delay reimbursement. Send completed forms to aldergrovefsctreasurer@gmail.com



# 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 (Supplier, Event, Purpose, etc)	Total Cost
	Reimbursement Total:	

### **Authorization**

I certify that all expenses incurred are related to the Aldergrove 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:**