kamloopslongblades.ca

# EXPENSE Reimbursement FORM

NAME: _____

SIGNATURE: _____

| DATE | AMOUNT | Describe expense |
|---|---|---|
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Treasurer signature: _____

President's or Director's signature: _____

Date of Cheque: _____

Cheque number: _____

Program Expensed: _____

***Please attach all itemized receipts***