



Mail to: Lynne Beairsto
 12 Henri Blanchard Dr
 Charlottetown, PE
 C1A 8E2

EXPENSE CLAIM FORM

Name _____ Club or Committee _____

Mailing address _____

City _____ Postal Code _____

TRAVEL

Date	From	To	Km	Account/Committee	Project	Amount
			@ .48/km			

OTHER EXPENSES

Date	Details (Postage, telephone, other)	Account/Committee	Amount
			\$
		Total Claim	\$

Please remember: **Unsigned expense claim forms will not be reimbursed.** Receipts must be attached for all purchases.

Signed:

Date:

Date paid:

Cheque #:

Approved: