

EXPENSES REIMBURSEMENT FORM

Name of perso	n making claim:	Date:	
Telephone nun	nber of claimant (In case Trea	asurer needs to contact):	
Date F	Payee	Details of Purchase	Amoun
		Total of Deinshouse are an	1.
		Total of Reimbursemer	IT:
	Receipts attached (Please If no receipts, please prov	e attach receipts to back of this form) ide details of expenses:	
Paymen	t type requested		
	Direct Transfer – Provide	Account number:	
	Cash (At discretion of Tre Cheque (Make payable to	easurer)	
SI	GNED:		
		For Treasurer's use or Cheque Number (if applicable): Transfer Reference (if applicable): Dated: Amount reimbursed:	
		Signed:	
		Co-signed:	