



# EXPENSE FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN & PC: \_\_\_\_\_

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

CHEQUE TO BE MADE OUT TO (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

## CLINIC REIMBURSEMENTS:

<i>Date</i>	<i>Type</i>	<i>Attendee</i>	<i>Amount</i>
Sub – Total:			

## ADMINISTRATIVE EXPENSE:

<i>Date</i>	<i>Type of Expense</i>	<i>Purchased From</i>	<i>Amount</i>
Sub – Total:			

<b>TOTAL AMOUNT</b>	
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Forms may be submitted via email to [treasurer@parklandposse.com](mailto:treasurer@parklandposse.com) and receipts mailed to Parkland Posse Lacrosse Association, PO Box 2704, Stn Main, Stony Plain AB T7Z 1Y2. Cheques will be issued once both forms and accompanying expense receipts and verification of attendance for clinics are received.

## For Treasurer's Use Only:

CHEQUE #: \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_