# Indus Ringette Association Expense Form

|  |  |
| --- | --- |
| Name | Date Submitted |
| Mailing Address | Phone Number |
| Ringette Team | |

**Original receipts must be attached**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Description** | **Cost** | **GST** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |
| --- |
| Notes |

Submitter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Cheque Number