# Indus Ringette Association Expense Form

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

**Original receipts must be attached**

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

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| --- |
| Notes |

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

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

Date Cheque Number