CAHL Expense Reimbursement Form

Name: Address:	C.	AHL Role:
	If you are a Govenor please complete below	
	Division:	
Telephone:	Tier:	
Email:	Colour or Area:	
	Season:	

Itemized Expenses

DATE	DESCRIPTION	MILEAGE	AMOUNT
	TOTAL REIM	IBURSEMENT	
Notes: Mileage reimb	ursement for personal vehicles = \$0.50 / km		

Limits apply to Governor Year End Expenses All Receipts must be attached for reimbursement

Don't forget	to at	tach ree	ceipts!
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Date:	Submitted by Signature
Date:	Treasurer Approval
Date:	Executive Approval