



Kelowna United FC
#200 – 1415 Hunter Court
Kelowna, BC
V1X 6E6

EXPENSE FORM

NAME: _____ **PHONE #:** (____) _____

MAILING ADDRESS: _____ **PC** _____

TEAM NAME/DIVISION: _____ **EVENT** _____

EXPENSES *(Attach Receipts)*

Description _____ \$ _____

Description _____ \$ _____

Description _____ \$ _____

Description _____ \$ _____

TOTAL EXPENSE CLAIM \$ _____

Applicant's Signature: _____ **DATE:** _____

Approved By: _____ **DATE:** _____

Position on Board: _____