



EXPENSE FORM

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/TOWN/PC: _____

EVENT: _____ DATE: _____

CHEQUE TO BE MADE TO (IF DIFFERET 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:			
TOTAL AMOUT:			

Forms may be submitted via email to treasurer@sprucegroveringette.com and receipts mailed to SGRA Box 4011 Spruce Grove, Alberta T7X 3B2. Cheques will only be issued once both forms and accompanying expense receipts and verification of attendance for clinics are received.

FOR TREASUER'S USE ONLY:

CHEQUE #: _____ TOTAL AMOUNT: _____

DATE: _____ TREASURER'S SIGNATURE: _____