



## EXPENSE FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN/PC: \_\_\_\_\_

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS FOR E-TRANSFER PAYMENT REQUEST: \_\_\_\_\_

### 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](mailto: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 TREASURER'S USE ONLY:

CHEQUE #: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_