



# SPFA Expense Form

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

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

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

CHEQUE TO BE MADE OUT TO (IF DIFFERENT 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 AMOUNT	
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Forms may be submitted via email to [treasurer@stonyplainfootball.com](mailto:treasurer@stonyplainfootball.com). Cheques will be issued once both forms and accompanying expense receipts and verification of attendance for clinics are received.

For Treasurer's Use Only:

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

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

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

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