SWEMBA Reimbursement Form



*Used for - Coaching Clinics or Board Approved Expenses

Name (Expense Payable to):					
Role with SWEMBA:					
Date	Paid to	Description	Total		
		Total			
	Important Instr	uctions			
1) All receipts and invoices r	must be submitted with the	expense claim form			
		paid by SWEMBA before, please send a direct count has changed from a previous payment			
3) Email expense form, Rece	eipts/Invoices, and direct d	eposit form(if required) to Treasurer at treasu	rer@swemba.ca		
Date Submitted:					
If this is one-time payment	If this is one-time payment and you prefer e-transfer:				
please provide the en FT Information	nali for the e-transfer				

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Name	Bank #	Transit #	Account #	Notes
Joe Umpire	0001	05209	7030-444	Example only