



Metcalfe Skating Club

EXPENSE CLAIM FORM

CLAIMANT NAME & TITLE: _____

MAILING ADDRESS: _____

DATE: _____

DESCRIPTION & OTHER NOTES:

CLAIM:

<u>Vendor name</u>	<u>Description of service or good</u>	<u>Amount</u>	<u>(incl. tax)</u>

PLEASE ATTACH ALL RECEIPTS.

Total Claim

_____ - _____

Claimant Signature

Approval Signature

Approval Name (please print)