



Expense Claim Form (Cheque Requisition)

Date:

Cheque payable to:

Address:

Phone and email:

Date	Item	Amount	GST	Total

Non-receipted expenses: Please provide detail and any documentation.

Total Claim:

Signature: _____

Authorization: _____

(Commissioner or Treasurer Signature)

Cheque # Issued: _____

Date issued: _____