

Cheque # _____

Office Expense Form

55+ BC Games – Zone 8

Name: (Please print) _____

Complete mailing address: _____

Postal Code: _____

Telephone #: _____

Date: _____

Type of Expense	Cost (without PST or GST)	PST	GST	Total	Receipt (Y or N)
Grand Total					

Claimant's signature: _____

Approved by: _____ Date paid: _____

Claims to be reimbursed upon authorization:

1. Expenses must be accompanied by appropriate receipts.
2. Submit expense claims to treasurer at meeting or mail to:

Sharon Green, Treasurer
674 Brandon Ave.
Kamloops BC V2B 1N4