Expense Report

Executive Member: _____

Committee/Position: _____

Date	Description	Invoiced Amount	Amount Advanced	Amount Due	Total
			Subtotal		
			Less amount advanced		
			Total owed to you		
			Total Due		

Signature of Claimant: _____Date: _____

Approved by: _____Date: _____

Cheq #: _____

All receipts must be attached to this expense report.