

CLUB SPORTS PROGRAMS

EXPENSE REIMBURSEMENT FORM

Claimant Information								
NAME	FIRST	MIDDLE	LAST					
ADDRESS	TINOT	WIIDDEL	LAGI					
CITY		PROVINCE						
POSTAL CODE		COUNTRY						
EMAIL		CELL						
Expense Details								
CLUB NAME		EXPENSE DATE						
Expense Details:								
EXPENSE TYPE	VENDOR	TOTAL AMOUNT	RECEIPT LINK					

Were Expense Reimbursements pre-approved by Club Sports Staff?									
YES If yes Staff Approver (Name):		NO If "no" please outline circumstances of expense							
Approvals									
Insert your signature as an image or using the draw function in Google Sheets (Insert Drawing Scribble Save and Close)									
NAME		SIGNATURE DATE							
Expense Approver (President)									
Expense Approver (Treasurer)									
Alternate Expense Approver (VP) [if required]									
Club Sports Staff									