ORTA EXPENSE REPORT P.O. Box 28544

(Attach receipts. Not required on claims for kilometrage) 6

Print Name:

Chapter:

Date Submitted: Signature:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GL CODEOFFICE USE ONLY | DATE: | MAIN CATEGORY: Board, Exec., Trail, Training, Adv.Relay,Discovery Night,Admin., P.R. | PARTICULARS orSUB-CATEGORIES: Travel, Parking, Meal, Event, Postage, Printing, Sign, Tools, Gas, Maint.,  | KILOMETRAGETOTAL KM @ $0.61 | AMOUNT($) |
|  |  |  |  |  | @.61 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| DATE: | REIMBURSEMENT TOTAL: | $ |
| SCOTIACONNECT REF# | APPROVED BY: |
| ACCOUNTING:  | APPROVED DATE: |
| GST/HST NET: |  |
| Use this expense form if you have <5 expenses to report.ATTACH OR SCAN RECEIPTS ON THIS PAGE |