



Clear Form

# District Expense Form

Name Date

Street City Province Postal code

Email Phone #

*RECEIPTS required except for mileage.*

Activity Date	Activity Name	Description of Expense	Amount
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List of Mileage:

Date	Destination To/From	Activity / List passengers if pooling rate claimed	km driven	rate/km
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Less Personal Charges:

Enter minus sign  
before the number

OFFICE USE ONLY

G/L Account	Amount	G/L Account	Amount	G/L Account	Amount
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Net Claim:

Total G/L entry

Cheque no.

Signature of Claimant:

Date Received:

Approved by:  
(Treasurer)

Approved by: