



## Members Expense Claim Form

**Members Name:** \_\_\_\_\_  
 (Name of whom the check will be issued to)

Date	Product and/or reason for expense	Amount
	<b>Total</b>	<b>\$</b>

**Corresponding receipts for expenses must be attached to this form.**

<b><u>Approval</u></b>
<b>Date:</b> _____
<b>Treasurer:</b> _____ <b>Signature:</b> _____
<b><u>Account:</u></b>
<b>General:</b> \$ _____
<b>Casino:</b> \$ _____
<b>Cheque #</b> _____ <b>Amount \$</b> _____