



Strathcona Minor Hockey Association



EXPENSE CLAIM FORM

Name and Address

Date of Claim

Expense Claim #

Date	GL Code	Net	GST	Total	Expense items
mm/dd/yy	Admin Use	Amount		CDN\$	

Total amount of this claim		
Less Advances		
Total amount payable for this claim		

Please Attach All Original Receipts

I certify that the above expenses were incurred and in accordance with Strathcona Minor Hockey Association policies.

Print Name	Signature and Date
Special Instructions	