

Strathcona Minor Hockey Association

EXPENSE CLAIM FORM



Name and Email Address for Reimbursement Date of 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

Team Name and Number (if applicable)
