ORTA EXPENSE REPORT P.O. Box 28544

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

Print Name:

Chapter:

Date Submitted: Signature:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GL CODE  OFFICE USE ONLY | DATE: | MAIN CATEGORY:  Board, Exec., Trail, Training, Adv.Relay,  Discovery Night,  Admin., P.R. | PARTICULARS or  SUB-CATEGORIES:  Travel, Parking, Meal, Event, Postage, Printing, Sign, Tools, Gas, Maint., | KILOMETRAGE  TOTAL 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 | | | | | |