

Expense Claim Form 755 Parkland Air Cadets Parents Committee Association

Name: _____

Date: _____

Position: _____

Make cheque out to: _____

Notes: _____

Date	List Receipts (Vendor)	Subtotal	Event related to expense	Chair approval
Total amount for cheque				

Claimant Signature _____

Approved by CO _____

Approved by SSC Chair _____

Account _____ **Check #** _____

Treasurer's initials _____

*Expense claim form must be filled out for all requests for reimbursement of funds. All expense claim forms must be approved by the CO or SSC chair unless included and already approved in the yearly budget. Expense claim forms must be submitted to treasurer to be processed.