



SWONT DISTRICT EXPENSE FORM

2009-2010

NAME (PLEASE PRINT) _____

I HEREBY CERTIFY THAT I HAVE INCURRED THE FOLLOWING EXPENSES IN MEETING THE RESPONSIBILITIES OF MY OFFICE AND REQUEST REIMBURSEMENT BY THE DISTRICT SECRETARY-TREASURER WITHIN THE PROVISIONS OF THE BUDGET AND AVAILABLE FUNDS.

SIGNATURE

DATE

INDICATE NATURE AND PURPOSE OF EXPENSE

CLUB VISITATION REPORT ENCLOSED

ITEMS	AMOUNT			
PLEASE ATTACH PAID INVOICES WHERE POSSIBLE (note: Registration is not a valid expense)				
	\$			
	\$			
	\$			
	\$			
	\$			
SUB TOTAL 'A'	\$			
IF REIMBURSEMENT IS FOR TRAVEL, INDICATE THE FOLLOWING:				
DATE	FROM	TO	KILOMETERS	AMOUNT OR .25/km
				\$
				\$
				\$
				\$
				\$
SUBTOTAL 'B'				\$
TOTAL (ADD A TO B)				

APPROVED:

DATE

GOVERNORS SIGNATURE

TO BE COMPLETED BY SWONT DISTRICT SECRETARY-TREASURER

BUDGET ACCOUNT(S) CHARGED TO: _____ _____ _____	AMOUNT _____ _____	CHEQUE NUMBER _____
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DATE

BY

SIGNATURE OF DISTRICT SECRETARY-TREASURER