



EXPENSE CLAIM

SUBMITTED BY:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Club: _____

REASON FOR THIS INVOICE:

Current Annual Exhibition _____

Other: _____

Date	Item	Receipt No.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ _____

Less Advance _____

Net Amount \$ _____

Mail cheque to:

Signed _____ Date _____