

# Expense Claim Form



Please ensure all fields are completed. An incomplete form may delay reimbursement.

## Payee Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Send Payment By:      Cheque      E-transfer (email address above will be used)

## Expense Details

Date	Description (Event, purpose, etc)	Team	Total Cost
Reimbursement Total:			

## Authorization

I certify that all expenses incurred are related to the Aldergrove Minor Baseball Association business, that none have been claimed from other organizations, that they comply with expense guidelines and that I personally paid for them.

Claimant Signature \_\_\_\_\_ Date: \_\_\_\_\_