Expense Claim Form

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

Email completed form to treasurer@aldergroveminorbaseball.com.

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: 0.00

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: _____