

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Vendor & Reason For Expense (Use)	Account (office Use)	Amount (before GST)	GST	Total Receipt
			-		
TOTALS			-	-	-

Submitted by: \_\_\_\_\_  
*(please sign)*

Authorized by: \_\_\_\_\_

**Please staple original receipts to Expense Claim Form  
Thank You!**