P.O. Box 1243, Prince George, British Columbia, Canada V2L 4V3

Expense Claim Form

Person making claim _____ Date _____

Make cheque payable to _____

Mailing Address _____

_____ Postal Code _____

Phone # _____

Item	Purpose	Item $	GST $	Total $
Total Claimed				

I certify the above noted expenses are accurate and were made on behalf of the Caledonia Nordic Ski Club.

An itemized receipt must support all expenses to be eligible for reimbursement.

No receipt - no reimbursement!!

Signed by person making claim _____

Signed by Executive agreeing to claim _____