Girl Guides of Canada Guides du Canada Rivers North Area

GIRL GUIDES OF CANADA – RIVERS NORTH AREA

District: _____

Unit: _____

EXPENSE CLAIM

Date of claim submission: _____

CHEQUE PAYABLE TO: _____

ADDRESS (IF MAILING CHEQUE): _____

DETAILS: DATE, WHERE, WHAT FOR (ATTACH RECEIPTS)	TOTAL AMOUNT CLAIMED	GST	AMOUNT NOT INCLUDING GST	*FOR TREASURER USE ONLY: INDICATE EXPENSE CATEGORY*
			◄Total GST	
TOTAL CHEQUE AMOUNT ►				

FOR TREASURER USE: **CHEQUE #** _____ **CHEQUE DATE** _____