

**ASIS TORONTO CHAPTER #193
EXPENSE REPORT**



COMMITTEE : _____

DATE: _____

MEMBER NAME: _____

DATE:	VENDOR:	DESCRIPTION:	AMOUNT:
TOTAL:			

APPROVAL:

Committee Chair Person (Signature)

Date

Chapter Chair Person (Signature)

Date

Chapter Treasurer (Signature)

Date

Cheque No.

Member Signature (Payment Received)

Date

Important:
All receipts MUST be attached when submitting for reimbursement.
 All Expense Reports must be given to your Committee Chair for approval.
 Committee Chair must sign off and hand in to Chapter Chair for processing.