



## Lakers Expense Form

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

Name: \_\_\_\_\_

Mailing Address for Cheque: **or** provide a void cheque/account number for electronic payment

Address \_\_\_\_\_

Account: Institution \_\_\_\_\_ Transit \_\_\_\_\_ Account # \_\_\_\_\_

I have personally paid for the following expenses and need to be reimbursed from the Lakers Bank Account. I confirm that these expenses are budgeted for /previously approved by the Board.  
Receipt to be attached.

\_\_\_\_\_ Signature

Date	Paid to:	Item(s) Purchased	Expense to be allocated to:	Amount:

Please attach receipts to this form, in the order they are listed above. TOTAL

