



Operating Expenses Claim Form

Date: _____

Staple receipt(S) here

Claimed By: _____

Description: (1) _____

\$ _____

(2) _____

\$ _____

(3) _____

\$ _____

Total Amount = \$ _____

Authorized By:

Receipt(s) Attached Please:

Name: _____
Signature: × _____

Budget Source:

(Do Not Write Below This Line)

Following Cheque(s) Issued:

Cheque#	Date	Paid to	Code	Amount