

# SUMMER VILLAGE OF WAIPAROUS EXPENSE FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_

Phone / email address \_\_\_\_\_

Date of Purchase	Description	Vendor	Subtotal	GST	Total
<b>TOTAL CLAIM</b>					

Please attach all original receipts, or good quality scanned versions of receipts for all claims.

By signing below you certify the above claim to be true.

Name \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Signature of Approving Authority 1

Signature of Approving Authority 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_