



**VANCOUVER THUNDERBIRDS MHA  
EXPENSE REPORTING FORM**



NAME: ADDRESS:				OFFICE USE ONLY
Date	RECEIPT ISSUED BY	Description of Expenses (Nature of Expense)	AMOUNT	ACCOUNT #
SUB-TOTAL			0.00	
LESS: ADVANCES (IF ANY)				
TOTAL CLAIM			0.00	

DATE OF CHEQUE \_\_\_\_\_ CHEQUE # \_\_\_\_\_

I hereby certify that the above expenditures were spent for legitimate Association business only and include no items of a personal nature.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

**Receipts must be attached for all expenditures.  
Email completed form to [accounting@vancouverbirds.ca](mailto:accounting@vancouverbirds.ca)**