Expense Claim Form

(complete this form down to the black line - receipts must be attached!)

Date Submitted:	
Submitted By:	**Signature**
Claimants Address:	

Program Area (circle): Sprint – DragonBoat – Whitewater – Marathon – Outrigger - Aboriginal

Event name or reason for claim:

Detailed Expense Description	Code #	Amount
Total Claim Amount		

Submit To: CanoeKayak BC, 20585 124A Avenue, Maple Ridge, BC V2X 0M6

Please do not write in this area – for CKBC use.

Date Processed:	
Approved By:	
Cheque Number:	
Receipts Included:	

Sent By: ☐ **Mail** ☐ **Delivered** ☐ **Picked Up**

Notes: