

GENERAL EXPENSE CLAIM

Name: (Please print)	
(Please print) Address: (Please print)	

Phone: Email:

Date	Expense	Amount	Note
	TOTAL CLAIM	\$	
l			

Signature of Claimant

Date.....

\$..... Approved on (Date) by

Attach all original receipts except where not required under ABC CPPR policy. To ensure you receive your reimbursement, please submit this form to the Treasurer

THE CPPR POLICY ON GENERAL EXPENSES IS PRINTED ON THE REVERSE OF THIS FORM. March 2015

Procedure for Expense Claims (cont) General Expenses

Members will be reimbursed for all reasonable expenses incurred on behalf of the association.

For individual expenses over \$100, members should contact the Treasurer or in his/her absence his/her delegate for pre-approval.

Where possible, receipts must be kept and should be submitted to the Treasurer.