



HINDU SAMAJ OF SOUTHERN SASKATCHEWAN
3307 PASQUA STREET REGINA SK S4S 7G8
TEL. (306) 585 1466

EXPENSE CLAIM FORM

NAME _____ DATE _____

ADDRESS _____

TELEPHONE _____

Please provide dates and description. Attach receipts, give the total amount and also the GST portion.

Date	Description	Total Amount		GST Part only	

SIGNATURE _____

For official use only:

REMARKS _____

EXPENSE APPROVED BY: NAME _____ SIGNATURE _____

DATE REIMBURSED _____ CHEQUE # _____

TREASURER SIGNATURE _____