

London & District Labour Council

EXPENSE CLAIM FORM – (GENERAL)

NAME: _____

ADDRESS: _____ Postal Code: _____

<i>Quantity</i>	<i>Item</i>	<i>Amount</i>
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____
/	_____	\$ _____

TOTAL EXPENSES: \$ _____

Signature: _____

Authorized: _____

Paid Date: ____/____/____

Cheque #: _____