

Board Members Expense Claim Form

Name _____ Position _____

Address _____

Signature _____

Date	Particulars <i>(please attach receipts)</i>	km @	Total

Total
Expenses:

Less
Optional
Donation:

Net
Claim:

Office Use:

Approved by: _____

Receipt #: _____

Expense Code: _____

Donation Code: _____

Copies: Accounting / Fundraising