



ACC9
 Actual

872 Kiwanis Kanata RCAC Squadron

Expense Claim Form

Name: _____

Date: _____

Item #	Description	HST	Sub-Total with HST
Totals			

 Claimant Signature

<i>Payment options</i>	
By cheque	<input type="checkbox"/>
By e-transfer	<input type="checkbox"/>
Email address (PRINT):	

 Commanding Officer or Chair Squadron Sponsoring Committee

For Treasurer's Use

Cheque # _____

Date _____