



**Appendix E**  
**EXPENSE CLAIM**

COMMITTEE / COUNCIL: \_\_\_\_\_

<b>Issue Date:</b>	<b>Cheque #</b> <b>OR E-transfer</b> _____
<b>PAYEE</b>	
<b>REASON</b>	
<b>DATE OF ACTIVITY:</b>	
<b>RECEIPT(S) ATTACHED:</b> <b>Yes</b> <b>No</b>	
<b>AMOUNT OF CHEQUE OR E-TRANSFER: \$</b>	
<b>APPROVED IN BUDGET:</b> <b>Yes</b> <b>No</b>	
<b>If no, provide supporting documentation c/w REVP's approval</b>	
<b>ADDITIONAL INFORMATION:</b>  If amount claimed is less than the amount of the receipt, please ensure it is clear what is being claimed and what is not.  If payment is for more than one expense such as meeting expenses or specific activity expenses, ensure breakdown is identified on the claim.	