CANADIAN ROYAL PURPLE

National Expense Claim Form

Name (Please Print): _____ **Date:** _____

Address: _____

Function (if applicable): _____

DATE	BUSINESS NAME (attach receipts)	CATEGORY NAME	GL CODE	KM traveled ($0.40/km)	GST AMOUNT	TOTAL

NOTES: _____

_____

Total Expenses:	
Total Claim:	

All items of EXPENSES (other than KM) must be accompanied by a receipt for payment to be issued. ALL Expense Forms must be received by the Finance Chair/National Office within 60 days of the event.

GL CODES & CATEGORY NAMES (place in the above chart):

6255 - Finance Committee
6260 - Website Committee
6265 - Team Meeting - Fall/Spring
6270 - R & R Mentor
6280 - Judiciary Committee
6285 - R & R Committee
6290 - Internal Review Committee
6295 - Marketing Committee
6705 - President Travel Expenses
6710 - President Historian
_____- Other - provide details

OFFICE USE ONLY

Approved by: _____ Paid with Cheque # _____