



CANADIAN ROYAL PURPLE

National Directors & Committee Chairmen Expense Claim Form

Name (Please Print): _____

Date: _____

Address: _____

Function (if applicable): _____

DATE	BUSINESS NAME (attach receipts)	CATEGORY NAME	GL CODE	KM traveled (\$0.30/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 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 # _____