

NAME:

SAFETY MINDED ATV ASSOCIATION EXPENSE REPORT

Form must be completed

15 Station Road, Head of St Margarets Bay, NS

ADDRESS	:									
EMAIL:										
DATE	Description of expense, project used for, etc		Kilometres	Travel Cost \$0.45 per km	Meals	Lodging	Fuel	Amount	HST Paid	Total
TOTALS										
									Total inc	luding HST
	Expense Form MUST be completed All Receipts MUST be attached to		-			cuss with th	e Treasure	er		
	Signature of Claiment:			Date						
	Approved for payment by:			Date						