## **APPENDIX E – EXPENSE REPORT**

Name:	Ema	Email:		
Payable to:	Phoi	Phone:		
Mailing Address:				
City:	Prov	Province/State:		
Country:	Postal/ZIP:			
Source of expense (i.e., club, event, produc	ction):			
Receipt Number / Description		Subtotal	HST	Total
Totals:				
Please attach all relevant receipts to this forr through the mailbox in the DW Lounge – JH I certify that the information presented here	IE H101 or digital	ly at vp.fina	ance@maceng	gsociety.ca
Signature: Date (dd/mm/yy):				
You will be notified by email when your che	que is available fo	or pick-up o	or when your c	heque is sent out.
FOR OFFICE USE ONLY				
Budget Account:	Total Funded :			
neque # : Date : Signature :				