

SUMMER VILLAGE OF GHOST LAKE EXPENSE FORM

Name _____

Mailing Address _____

City/Province/Postal Code _____

Phone / email address _____

Date of Purchase	Description	Vendor	Subtotal	GST	Total
TOTAL CLAIM					

Please attach all original receipts, or good quality scanned versions of receipts for all claims.

By signing below you certify the above claim to be true.

Name _____

Date _____

FOR OFFICE USE ONLY

Signature of Approving Authority 1

Signature of Approving Authority 2

Name _____

Name _____

Position _____

Position _____

Date _____

Date _____