



COWICHAN BOWMEN ARCHERY CLUB
3044 Doupe Road, Duncan
www.cowichanbowmen.com

Expense Claim Form

Date: _____

Name: _____

<u>Store Name</u>	<u>Amount</u>	<u>Reason/Department</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

Signature of Treasurer

Signature of Submitee

Date

Date

Please attach all receipts

Office Use Only:

Cheque # _____

Date _____