EXPENSE APPROVAL

CLUB: ________________________________  Today’s Date: __________________

PERSON CLAIMING REIMBURSEMENT: ________________________________

CONTACT OF PERSON CLAIMING REIMBURSEMENT: E-mail: ________________ Phone #: ________________

EXPENSE OUTLINE

Amount of Expense: $ ____________
Reason for Expense: ________________________________

______________________________  ________________________________  _________________
Name  Signature  Date

**Club President is responsible for the accounting of the sport/club account. Attach original receipts**

President’s Approval: ________________________________

Cash Given By: ________________________________  Cash Received By: ________________________________

Western University
Sports & Recreation Services
Western Student Recreation Centre
London, ON, Canada, N6A 5B9
Telephone: (519) 661-3552 Fax: (519) 661-3385