

DISTRICT 8 EXPENSE CLAIM FORM

Kin Year 2020-2021

Submit Claim to

Yanick Tremblay, 314 Hemlock Street, Timmins, Ontario P4N 6T2 Email: yanksen@yahoo.ca

NAME:

Kinette Club of Sutton

DATE:

23-Oct-2020

Purpose of Claim

Reimbursement of Hotel Deposit for Cancelled Convention Expense

TRAVEL EXPENSES

Auto

Rate \$ 0.25

Kilometers

\$ 0.00

Airfare (Attach ticket stub or receipts)

Other (Attach receipts for taxi, bus, train etc)

TOTAL TRAVEL

\$ 0.00

ACCOMMODATION EXPENSES

(Attach Receipts)

Date

Hotel Name / Location

Nights

Total Bill

TOTAL ACCOMMODATIONS

\$ 0.00

MEALS

Breakfast

Lunch

Supper

DATE

\$ 10.00

\$ 15.00

\$ 20.00

Remarks

\$ 0.00

\$ 0.00

\$ 0.00

TOTAL MEALS

\$ 0.00

MISCELLANEOUS EXPENSES

(Please specify & attach receipts)

Hotel Deposit Originally for District Convention 2019-2020

and then potentially for FLC 2020-2021 but both were cancelled due to COVID-19

\$ 1,500.00

TOTAL MISCELLANEOUS

\$ 1,500.00

TOTAL CLAIM

Total

\$ 1,500.00

If you want to donate to CF, please enter amount as a negative number

Donate to CF

Grand Total

\$ 1,500.00

APPROVAL

I certify that I have reviewed the claim for accuracy and completeness & that I have delegated authority to approve the claim.

Signature #1

Signature #2

Date

Cheque #

Clay

Oct 23/20

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