



#ladieslearningcode Expense Reimbursement Form

Date Requested: _____ **Name:** _____

Address (if cheque will be mailed):

Total amount of the reimbursement: \$ _____

Instructions for Completing this Form

1. Enter all required information above.
2. Enter the date that the expenditure occurred below.
3. Describe the reason and/or purpose for the expense below.
4. Attach any relevant receipts, credit card statements, etc. to this form. (Remember to keep a copy for your own records.)
5. Sign and date where indicated.
6. Submit the completed form with attachments to Melissa Crnic at melissa@ladieslearningcode.com for approval.

Type of Expense i.e. Workshop, Commission, Supplies	Date of Expense	Description of Expense (i.e. What event does it relate to?)	Expense (before Tax)	HST	Total Expense
		Total of Reimbursement		\$	\$

*To be completed by LLC Finance Team

Requested by _____
Approved by _____
Date Approved _____