



Wildlife Rehabilitation Society of Saskatchewan
PO Box 24004, Midtown Postal Outlet, Saskatoon, SK, S7K 8B4
www.wrsos.org | 306-242-7177

Helping keep Saskatchewan wildlife wild!

WRSOS EXPENSE CLAIM

Volunteer Information:

Full Name: _____ Email Address: _____

Full Mailing Address: _____ Phone Number: _____

Expense Information:

Please fill in the following table completely and accurately. Once finished, please submit to treasury@wrsos.org or mail to our PO box. Thank you!

Date (mm/dd/yy)	Purpose (i.e. purchased supplies for ...)	Expense Amount (\$)	Receipt Attached?	Approved By: (i.e. President, etc.)	Notes (i.e. if no receipt attached, please explain why)



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Total Amount Claimed \$ _____

Volunteer Signature _____ Date _____

Board authorization for reimbursement:

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____

Reimbursed Date: _____

Payment Method: _____

Payment Amount: _____