

Kingston Lacrosse

A S S O C I A T I O N

Requestor's Name: _____ Date: _____

Requestor's Tel #: _____

Description of Expense	Amount

Receipts/Quotes submitted? Yes No

Cheque Payable to (Name & address): _____

Approved by Executive: Yes No

Name of Executive Member: _____

Signature: _____ Date: _____

Comments: _____

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For Treasurer's use only

Cheque Issued: \$ _____ Cheque #: _____

Cheque Recorded: Cheque Cashed:

All reimbursements MUST be preauthorized by Executive Committee members.