



Payee: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Account/Committee: _____

Date	Description Of Expenditure	Amount (Inc. Tax)	GST/HST (Memo only)
TOTAL			

Attach receipts or bills where available and list for each expenditure whether GST / HST is included. Claim up to \$400 maximum.

I CERTIFY THAT THESE EXPENSES WERE INCURRED ON BEHALF OF OSTOMY CANADA SOCIETY AND WERE NOT REIMBURSED BY ANY OTHER PERSON OR ORGANIZATION.

SIGNED: _____
PAYEE

DATE: _____

SIGNED: _____
COMMITTEE CHAIR

DATE: _____

SIGNED: _____
SIGNING OFFICER

DATE: _____

CHEQUE NO. _____

PREPARED BY: _____