

MEDICINE HAT FRIENDSHIP FORCE

EVENT: _____

DATE OF EVENT: _____

EXPENSE VOUCHER

NAME: _____ DATE: _____

PHONE: _____

EMAIL: _____

EXPENDITURES:

DATE	DESCRIPTION	TOTAL
	TOTAL AMOUNT CLAIMED	\$

SIGNATURE OF CLAIMANT: _____

CHEQUE #: _____

NOTE: Receipts must be attached for all expenses.