

CSSA Expense Report



Name: _____	Address (for cheque payment):
Title: _____	
Date	
From: _____	
To: _____	

Date	Description	Receipt	Coaching	Competition	Competition Travel	Office Supplies	Other**	Total

Note: Mileage reimbursement for personal car = \$0.50/km

****Itemized Expenses or Description for "Other"**

For Office Use Only

Date	Description	Authorized by	Amount	Account

Total Reimbursement

*** Don't forget to attach receipts ***

Authorized By _____

Date _____

Authorized By _____

Date _____

For Office Use Only

Date: _____

Posted: _____

Paid: _____

chq# _____

/ online _____