



South Peace Horse Club

Expense Submission Form

- This form is to be filled out and submitted within 30 days of purchases to Treasurer for reimbursement.
- All original receipts must accompany form to be paid. **NO EXCEPTIONS**

Name: _____ Date: _____

Address: _____ City: _____ PC: _____

Phone #: _____ Email: _____

Clinician Name (if Applicable): _____

Expense Description	G.S.T	Total Cost
Total Amounts:		

Treasurer Only

Paid On: _____ By: _____

Cheque #: _____ 2nd Approver: _____