

# Community Activities Group of Ottawa East (CAG) Expense Claim Form\*

Name:
Address:

	Date	Item	Vendor	Price	HST	Total	GL Code or Category	
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Claim submitted by: \_\_\_\_\_

Office area

Authorized by: \_\_\_\_\_

No:

Date:

Cheque delivery method (please circle): BY MAIL LEAVE AT OLD TOWN HALL LEAVE AT FIELD HOUSE

**\* Original receipts MUST be attached**

Office area
No :
Date:

