

Community Activities Group of Old Ottawa East  
 61 Main Street  
 Ottawa, ON, K1S 1B3

## Expense Claim Reimbursement

Name:

Address:

	<b>date</b>	<b>item</b>	<b>vendor</b>	<b>price</b>	<b>HST</b>	<b>Amount</b>	<b>Event or program/ other</b>	
1								
2								
3								
4								
5								
6								
7								
							<b>Total</b>	

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

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

Office area  
 No.  
 date

Circle one: to be mailed (please provide address) or picked up at Old Town Hall

\* please attach receipt originals