

WEST CENTRAL HIGH SCHOOLS ATHLETIC ASSOCIATION
Expense Voucher

Date: _____

Name: _____
(Please print)

Purpose of Claim: _____

Travel:

From: _____

To: _____

Distance: _____ \$ _____
(\$.35 per km)

Hotel: _____ \$ _____
(must provide receipt)

Meals: _____ \$ _____
(\$5.00, \$7.00, \$13.00)

Phone: _____ \$ _____

Miscellaneous: _____ \$ _____

TOTAL \$ _____

I hereby certify that this is a correct and true statement and the expenditures were incurred in the service for the WCSHSAA.

(signature of claimant)

(date)

Cheque number: _____