

EOSSAA STATEMENT OF EXPENSES

Name: _____

Address: _____

(Street)

(City/Town)

(Postal Code)

Meeting: _____ Date: _____

Item	Particulars	Totals
Travel (43¢/km)		\$
Meals (\$6Bkft., \$6Lun., \$15 Din.)		\$
Accommodation		\$
Other: (Specify)		\$

Total Request: \$ _____

Signature: _____

RECEIPTS MUST BE ATTACHED

Forward Completed Form To:

Kevin Bellamy
EOSSAA Treasurer
School: 613-267-3051
Fax: 1-855-408-0865

Perth and District Collegiate Institute
13 Victoria Street
Perth, Ontario
K7H 2H3

