



Regina Rowing Club

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P.O Box 1246 Regina, SK S4P 3B8



Expense Claim Form

Name:

Title of Meeting, Event or Project:

Date:

Location:

Expenses	Amount	Notes
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

TOTAL \$ _____

Claimant's Signature: _____

PLEASE ATTACH ALL RECEIPTS TO THE BACK OF THIS FORM