

*British Columbia Chapter  
Canadian Hemophilia Society  
Expense Claim Report*

**Purpose:** \_\_\_\_\_

**Employee Information**

Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Period**

From \_\_\_\_\_  
 To \_\_\_\_\_

G/L Account Number	Description	Expense amounts on invoice without GST						Exp. & GST TOTAL
		5130 Conf, Meetings and Travel	5140 Office & General	5141 Newsletter Web Page	5190 Phone	5230 Summer Camp Other for Kids	Other	
Subtotal								
<b>Subtotal</b>								
<b>Less Advances</b>								
<b>TOTAL CLAIMED</b>								

**Approved** \_\_\_\_\_

**Notes** \_\_\_\_\_

Cheque Date \_\_\_\_\_

Cheque Number \_\_\_\_\_