

Expense Authorization / Claim Form

Note: Please attach all receipts in support



Rotary Club of Yellowknife
P.O. Box 2006
Yellowknife NT X2A 3R0
www.yellowkniferotary.ca

PAYMENT INFORMATION

Pay to the order of:	
Address:	

Expense Date	Expense Description	Project	Amount

Subtotal

Less advance

Balance

SUBMITTED BY

Rotarian	Signature	Date

APPROVED BY

Director	Signature	Date

ADMINISTRATION USE ONLY

Claim No.		
Cheque No.	Cheque Date	Amount