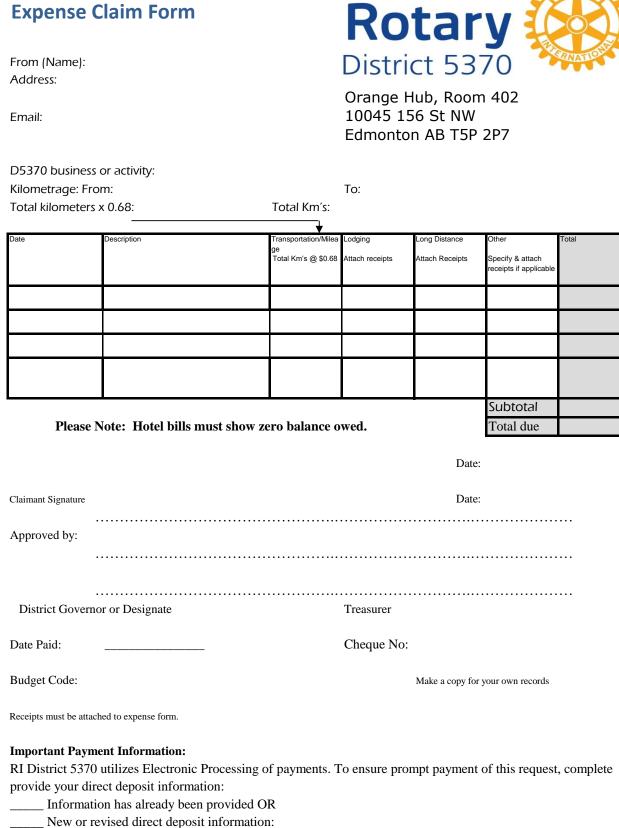
## **Expense Claim Form**



Transit Number (5 digit) \_\_\_\_\_ Institution Number (3 Digit) \_\_\_\_\_

Account Number \_\_\_\_\_