Kingston Handloom Weavers & Spinners
Tett Centre for Creativity & Learning
370 King St. West, Suite 205 Kingston, ON K7L 2X4

EXPENSE CLAIM FORM

MEMBER NAME: _____

CONTACT PHONE # or EMAIL _____

REASON FOR EXPENSE/COMMITTEE IMPACTED

EXPENSE DETAIL - Supporting invoices & receipts to be attached. Expenses must be validated to confirm the expense was budgeted.

DATE	DESCRIPTION OF EXPENSE	AMOUNT	HST	TOTAL
	TOTAL CLAIMED			

MEMBER'S SIGNATURE _____ DATE SUBMITTED _____

RECEIPT OF GOODS/SERVICES
CONFIRMED BY _____ DATE CONFIRMED _____
(Validation required by Committee member or Board Member)

PAYMENT
Cheque # _____ Cheque Date: _____