

Saskatchewan Archery Association Expense Claim



Name : _____

Address: _____

Postal Code: _____

Phone : _____

Event: _____

Title: _____

Date: _____

Date	Explanation	Amount
TOTAL:		\$

I hereby certify that I have expended the amounts indicated and the account is correct and just in all respects.

Claimant Signature

Approved by _____
Committee Chairman/ or Committee Director

Date _____

Approved by _____
Executive Approval

Date _____

Expense to: _____