

## Canadian Association of Disabled Skiing – Edmonton Zone Expense Claim Form

### Instructions

You may fill this form out in Adobe Acrobat by clicking on each of the appropriate lines. Or, you may print it out and then fill it out by hand. Please be as thorough as possible when explaining the expenditure so that I can attribute it to the correct budget line.

Claimant Name \_\_\_\_\_ Date \_\_\_\_\_

Item Description	Amount	Receipt Attached?
		Y   N
		Y   N
		Y   N
		Y   N
		Y   N

Total Claim \_\_\_\_\_

\_\_\_\_\_  
Signature

Office Use Only Entered <input type="checkbox"/> Date _____	Cheque Issued <input type="checkbox"/> Date _____ Cheque Number _____
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