

Masters Swimming Ontario

EXPENSE REPORT

Attach Receipts

Submitted by:	Date:
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Date	Budget Category	Explanation	Travel	Phone	Postage	Copying	Supplies	Other	Total	KM
Column Totals										

I certify that I incurred these expenses on MSO business Signature: _____ Mailing Address: _____ City _____	Postal Code _____	Office Use Date Paid _____ Cheque # _____ Amount _____	Total KM _____x 0.35 Total Expense _____ Less Advance _____ Amount Due MSO _____		
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