

Masters Swimming Ontario

EXPENSE REPORT

Attach Receipts

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

I certify that I incurred these expenses on MSO business				Office Use		Total KM _____ x 0.25			
Signature:				Date Paid		Total Expense			
Mailing Address:				Cheque #		Less Advance			
City		Postal Code		Amount		Amount Due MSO			