

**CATARAQUI CANOE CLUB OF KINGSTON INC.
REQUEST FOR REIMBURSEMENT**

I / We request reimbursement for the following amounts laid out on behalf of the Club (please fill in details of expenditures, attach receipts and send to PO Box 1882, Stn Main, Kingston ON K7L 5J7, c/o Treasurer):

Type of Expenditure	Amount	Remark
Total Amount Claimed		

Please make cheque out to:

Name _____
Address _____

Phone _____
Email _____

Signature _____

Date _____

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For office use

CHEQUE No.	DATE	AMOUNT	CODES