

CALGARY HIGHLAND DANCING ASSOCIATION

EXPENSE CLAIM FORM

Name: _____

Date: _____

Position: _____

Category: _____

EXPLANATION OF EXPENSES

_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	=====

Signature

*******PLEASE ATTACH ORIGINAL RECEIPTS*******

Cheque # _____

Account _____

Please submit to: CHDA (Teresa Moule)
500 Brookmere Cres SW
Calgary, AB T2W 2R4