

# London Minor Lacrosse Association Expense Form

Name:	Position:
Contact Telephone Number:	

**Receipt(s) Attached:**    **Yes**    **No**

Purpose of Expenses:	
<input type="checkbox"/> Phone Bill Reimbursement	Amount: _____
<input type="checkbox"/> Postage/Mailing Expenses	Amount: _____
<input type="checkbox"/> Referees (see below)	Amount: _____
<input type="checkbox"/> Time Keepers (see below)	Amount: _____
<input type="checkbox"/> Mileage (see below)	Amount: _____
<input type="checkbox"/> Other (please specify):	

Expense Details Referees and/or Time Keepers		
Number of Referees x Number of Games	Total Expenses Referees:	
Number of Time Keepers X Number of Games	Total Expenses Time Keepers:	
Mileage		
To/Destination:	Purpose of Trip:	
Number of KM:	X amount per KM	Total Mileage:

Total Amount \$ \_\_\_\_\_

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For Treasurer's Purposes

Cheque # \_\_\_\_\_

Name on Cheque: \_\_\_\_\_

Initials: \_\_\_\_\_