



# CENTRAL ALBERTA CRICKET ASSOCIATION

Cricket without Borders | Cricket sans Frontières

## Expense Reimbursement Form

Note: Prior approval is required for all reimbursements

Member Name:

Position:

Approved by:

Business Purpose/ Event

Event date

### Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

Categories: Club Meals/ Event Meals/ Mileage/ Dues & Fees/ Supplies/ Office/ Other

Note: Mileage reimbursement for personal car = total gas used for trip

SUBTOTAL \$

Less Cash Advance

TOTAL REIMBURSEMENT \$

Don't forget to attach receipts!

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Approval Signature (Sign-off) Date

\_\_\_\_\_  
Approval Signature (Sign-off) Date

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