EXPENSE REPORT

WINDSOR F.C. NATIONALS

Expenses will not be recognized for payment unless proper receipts are attached.

Team Official's Name: _____

Team Age Group: _____

Date Submitted: _____

_____
Team Official's Signature

Date	Description (ie. SRSL, Tournament, First Aid Kit, etc.)	Location	Gas	Meals	Other	TOTAL
		TOTALS:				

BOARD USE ONLY

TOTAL	$
Less: Float Outstanding	-
Sub Total	=
Add: New Float	+
Amount to be Reimbursed	=

Approval: _____

Approval Date: _____