

Expense Claim Form

Name:	Event:	
Location:	Date of claim	/2023

Date	Description All ORIGINAL Receipts Required	Amount \$	Amount \$	FOR OFFICE GL Account #
			GST	
	If foreign, exchange rate (attach bank exchange)			
	Total Expense			
	Less Advance paid by MFA			
	Total for Claim			

Total for Claim			
Description of expense:			
MFA activity that expense in related to	v:		
All original receipts are	required		
Signature of Claimant:	Address		
Approved for MFA:	Account #:		
Cheque #	Date:	Amount: \$	