

**Wilmot Aquatic Aces
Expense Reimbursement Form**

Name: _____

Date: _____

DATE	EVENT (Meet or Function)	AIR & TRANS.	LODGING	MEALS (max. \$25/day)	FUEL/MILEAGE (attach form)	REG. FEES	OTHER*	TOTAL

Sub-Total

Less (not eligible or advances)

TOTAL REIMBURSEMENT

**Itemized Expenses or Description for "Other"*

DATE	DESCRIPTION	AMOUNT

Approved by

Date

Cheque # _____

RECEPITS MUST ACCOMPANY EXPENSE REPORT

