

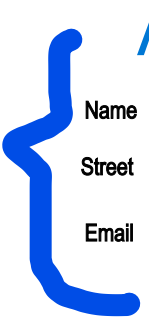


**RTO
ERO**

A
**District
Expense Form**

Clear Form

B Don't forget
TIP for
entering date
↓



A

Name
Street
Email

City

Province

Date
Postal code

Phone #

RECEIPTS required except for mileage.

Activity Date

Activity Name

Description of Expense

Amount

C

D

E

F

List of Mileage:

G

Date	Destination To/From	Activity / List passengers if pooling rate claimed	km driven	rate/km
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Less Personal Charges:

Enter minus sign
before the number

OFFICE USE ONLY

G/L Account	Amount	G/L Account	Amount	G/L Account	Amount
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Net Claim:

Total G/L entry

Cheque no.

H

Signature of Claimant:

Date Received:

Save form & email with receipts to
treasurer13@districts.rtoero.ca

Approved by:
(Treasurer)

Approved by: