La Croisee Community Association
Expense Reimbursement Form

Name: _____
Address: _____
Phone: _____ e-mail: _____

Please list expenses below along with either the reason or the budget category for the expense and attach all original receipts to this form and mail them to:

Community Association la Croisée Treasurer
147 de la Croisée, Gatineau, J9J 2T4.

Activity/ project for which the expenses were incurred: _____
Activity estimated date: _____

Expenses to be considered for reimbursement:

Date	Reason/Budget Category	**Expense**
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL EXPENSES		**$** 0

I certify that all expenses list above were incurred for the benefit of the ***La Croisée Community Association*** and I am requesting to be reimbursed for these expenses.

_____ Date _____
Signature

Reimbursement Approval :

_____ Président

_____ Treasurer

Check # & Date _____