

## EOSSAA STATEMENT OF EXPENSES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(street)

(City/Town)

(Postal Code)

Meeting: \_\_\_\_\_ Date: \_\_\_\_\_

Item	Particulars	Totals
Travel (33¢/km)		\$
Meals (\$6Bkft., \$6Lun., \$15 Din.)		\$
Accommodation		\$
Other: (Specify)		\$

**Total Request:**    \$ \_\_\_\_\_

Signature: \_\_\_\_\_

### RECEIPTS MUST BE ATTACHED

Forward Completed Form To:

Leanne Watt  
EOSSAA Treasurer  
School: 613-267-3051  
Fax: 613-267-4538

Perth and District Collegiate Institute  
13 Victoria Street  
Perth, Ontario  
K7H 2H3