



SASKATCHEWAN AMATEUR RADIO LEAGUE, INC
263-325 4th Ave. S.W. – Moose Jaw – Sask – S6H 5C1

EXPENSE CLAIM FORM

This form is to be used by members of the Board of Directors, Executive or Committee members when claiming expenses. Please submit to the Secretary/Treasurer.

Please print clearly:

Date:

| | |
|----------------|--------------------|
| Name | Callsign |
| Address | Phone # |
| City | Postal Code |

Please check what you are claiming the expense for: also please attach all receipts.

- Postage
- Office Supplies
- Equipment purchased for SARL
- Other (explain)

Remarks:

| | |
|---------------------|------------|
| Total Claim: | \$: |
|---------------------|------------|

I hereby declare these expenses were incurred while conducting business of SARL, Inc.

(Claimant Signature)

| | |
|-------------------|-----------------|
| Date Paid: | Cheque # |
|-------------------|-----------------|