

TCU&SA EXPENSE REQUEST FORM

MAKE CHEQUE PAYABLE TO:

Name:	
Address:	
City:	
Postal Code:	

Date (mm/dd/yy)	DESCRIPTION OF EXPENDITURE	Expense Code	Amount	Cheque #
		Total		

PLEASE ATTACH RECEIPTS AND SUBMIT EXPENSE REQUEST TO:

<p>TCUSA Treasurer</p> <p>416-209-0812</p>

APPROVED BY: _____

DATE: _____