

Stars Volleyball Club Expense Report

Expenses paid by:	
Date Submitted:	
Reimburse to:	
Address:	
Phone number:	

Attach detailed, original receipts with item listed (credit card statement/receipt is not sufficient).

Date	Expense Type	Establishment	Total Cost	HST	Notes
			\$0.00	\$0.00	

Staff Signature:	Approved:
Date:	Date:

PRINT and submit to Dori Van Stolk