



School Year

8140 Victoria Street, Metcalfe, ON K0A 2P0
Tel (613) 821-3196 • www.mcnskids.org

Submitted by:

Purpose:

Step 1: Expenditure Approval

Date Approved:

Description of Product or Service	Approved By	Est. Cost (\$)
TOTAL:		<input type="text"/>

Step 2: Reimbursement Request

Date Submitted:

Date	Description of Product or Service	Supplier	Cost (\$)
TOTAL:			<input type="text"/>

Approved by: _____
Treasurer
Date
2nd Executive Member
Date

Cheque Number:

**Please attach all related quotes and/or receipts.*

Account Number: