

Chq#	Chq Dt	Account#
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0702191900

SUNSHINE COAST HEALTHCARE AUXILIARY EXPENSE SHEET

Box 917 Sechelt, BC V0N 3A0
Phone 604-885-2224 Loc4263

Cheque Name _____

Address _____

City / Postal _____

Phone # _____

Date	Detail of Expenses	Registration	Fuel	Fares	Parking	Hotel	Meals	Misc	GST	Total
Totals										

Purpose of Expense _____

	GST amount
	Total Costs
	Cash Advances
	Amount Due (Owing)

Attach ALL receipts to back of report
 * Maximum \$50 per diem, excluding alcohol.

Member's Signature _____
Branch _____
Approval _____