



Western Québec Literacy Council

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EXPENSE REPORT

DATE	DESTINATION	PURPOSE/ACTIVITY	MI / KM	@ ____ 4	PUB. TRANS	MEALS	HOTEL	OTHER	TOTAL
								Less Advance	
								Balance Due	

CLAIMANT:

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

VERIFIED AND APPROVED BY:

DATE: _____

CHEQUE NO: _____

DATE PAID: _____