



**ALBERTA SMALLBORE RIFLE ASSOCIATION
MEMBER / EXECUTIVE
EXPENSE CLAIM FORM**



Attach all original receipts.

If possible please submit an expense estimate to ASRA President before the purchase.

Name			
Address			
Phone		Email address	

Date & Reason for Expenditure	Description of items purchased	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Expenditure claimed:		\$

Signature of claimant		Date	
President's Approval Signature*		Date	
ASRA Cheque number		Date	
Treasurer's signature		Date	
Invoice Number**			

*The ASRA President must approve the expense before funds will be released.

** Invoice number assigned by ASRA Treasurer upon completion.