



OUT OF POCKET EXPENSE FORM

[Empty box for stamp or reference]

Ref. No. \_\_\_\_\_

Date Paid \_\_\_\_\_

ONTARIO COMMAND ROYAL CANADIAN LEGION

Date \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_

Office Held \_\_\_\_\_

VOUCHERED BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_

APPROVED FOR PAYMENT \_\_\_\_\_

PLEASE PRINT CLEARLY		DETAILS OF VISITS <u>MUST</u> INCLUDE DATES
PARTICULARS	AMOUNT	ATTACH HOTEL AND TELEPHONE, ETC. RECEIPTS
Automobile Kms _____ @ 0.45		
_____ @ 0.45		
_____ @ 0.45		
_____ @ 0.45		
Other Transportation Bus / Taxi / Rail		
Hotel Actual Charge No. of Days		
Meals		
Telephone		
Postage		
Miscellaneous		
<b>TOTAL</b>	\$ -	

SIGNATURE \_\_\_\_\_