Opticians of Manitoba

Board/Committee Member					E	EXPE	NSE STA	A TEME Expe	ense
Name Address City		Prov PC						From	
Date	Meeting or Activity	Accom	Meals	Travel	Mileage	Misc.	Attendance	GST	TOTAL
Approved By —	Notes ———					Sub Total Subtract Advances			
					Reimbursemen	ıt	Subtract	TOTAL	
χ.					Payment Need	ed			

Office Use Only