Statement No.

Opticians of Manitoba

EXPENSE STATEMENT

Board/Committee Member

Name _____ Prov _____
Address _____ PC _____
City _____

Expense Dates

From _____
To _____

Date		Meeting or Activity	Accom	Meals	Travel	Mileage	Misc.	Attendance	GST	TOTAL
									Sub Total	
									Subtract Advances	
									TOTAL	

Approved By

Notes

◉ Reimbursement

○ Payment Needed

Office Use Only