



# General Reimbursement Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DATE (DD/MM/YY)	RETAILER	DESCRIPTION OF CLAIM	TOTAL	ACCOUNT (FOR OFFICE USE)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
E-transfer email:		Purpose of Claim:	Grand Total \$ _____	

*By signing this, I certify all claims are true and are accompanied by original itemized receipts.*

*Approved by*

\_\_\_\_\_  
(Signature of Club Executive)

\_\_\_\_\_  
(Signature of TDSA Office)