



OCEANSIDE MINOR LACROSSE ASSOCIATION

Expense Voucher/Claim Form

This section to be completed by the OMLA Treasurer:

Budgetary Information

Cheque #: _____

Cheque made out to: _____

Amount \$: _____

Expense related to: _____

Date on Cheque: _____

This section to be completed by the Applicant:

Request from: _____

Date of Expense	Reason for Expense	Amount Spent

Total Amount Requested:\$ _____

PLEASE ATTACH ALL ORIGINAL DOCUMENTATION

Approved by: _____ (President or Treasurer)