

Coho Area Event Fee and Expense Report

Event Name: _____

Staple Bills here on reverse side

Approved by: _____

Reimburse To: _____

Cheque # _____

Expenses

| Date | Name of Supplier | Purpose | Cost | PST | GST | Amount |
|---------------------------|------------------|---------|------|-----|-----|--------|
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| 1. Total Expenses: | | | | | | |

Fees Collected

Price per person _____

| Date | Name | CH or CA | Amount |
|-------------------------------|------|----------|--------|
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| 2 Total Fees Collected | | | |

3 Total Advances Received from Group _____

4 Net Amount to be reimbursed = (1) - (3)