



EXPENSE CLAIM FORM

Name: _____

Date: _____ Address: _____

Check # _____

Phone: _____

| Date | Description | Event | Amount |
|--------------|-------------|-------|--------|
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| | | | |
| TOTAL | | | |

Staple original receipts/invoices to back of claim form.

CLAIM MUST BE SIGNED

This is to certify that the work, labor, services, materials and supplies charged in the above account or claim and included above have been actually performed for, furnished and/or delivered to Syracuse Chargers Rowing Club, Inc., that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications therein are correct; that the sums charges are reasonable and just that no payment has been made on account hereof except as included or referred to in such account or claim.

Claimant Signature

Approval Signature

Date