



# CVCIA Landcare Reimbursement Claim Form

(Filled in by treasurer) **CHQ NUMBER:** \_\_\_\_\_

Date Claimed: \_\_\_\_\_ Total Amount Claimed: \$ \_\_\_\_\_

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

Being for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer Use:

Date Payment made: \_\_\_\_\_  By direct dep.  By cheque

Approved By:  Treasurer (pre-approved expense)  Meeting date: \_\_\_\_\_

From which account?: \_\_\_\_\_  Entered into cashsheet

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