viciona nai	idwedvers a spiriti	cis Colla	Date submitted:		
			Category:		
			Submitted by:		
Pay to:	Name:				
,	Address:			•	
	City:			•	
	Postal Code:		_		
	Phone:		_		
			_		
	receipts & list below:)				
Date	Description				Amount
For offic	e use only:				
Month Expensed		Cheque Date	Number	Amo	unt