

# EXPENSE CLAIM

MRS Member Name & Address: \_\_\_\_\_

Committee: \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Phone Number \_\_\_\_\_

Payment Details	Budgeted	Event or Project	Honorarium	Other	Amount

Committee Approval \_\_\_\_\_

Treasury Approval \_\_\_\_\_

Date of Approval \_\_\_\_\_

Check Number \_\_\_\_\_

Original Receipts must be attached - Ensure that your claim has Committee approval before it is presented for Treasury approval.