

## **Darin Schaefer Warrior Fund**

## **Expense Claim Form**

| DATE | EXPENSE TYPE | RECEIPT AMT |
|------|--------------|-------------|
|      |              |             |
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## Total amount claimed this period:

I certify that I incurred the above expenses on behalf of \_\_\_\_\_\_ and that no other organization or individual paid or will pay me for these expenditures.

| FOR   | OFFICE | USE |
|-------|--------|-----|
| 1 010 | OLICE  |     |

Approved by:\_\_\_\_\_ Date:

Date:\_\_\_\_\_

Cheque Number:\_\_\_\_\_