

## NBDAA Expense Form

**Name:**

**Address:**

Date	Description of Activity	Travel or Accom.	Meals	Postage	Printing	Gifts or Supplies	Other
<b><u>TOTALS</u></b>							

<b>For office Use Only</b>
----------------------------

<b>Total Claim: \$</b>		<b>Cheque #</b>		<b>Date:</b>	
------------------------	--	-----------------	--	--------------	--

<b>Signature of expense form:</b>
-----------------------------------

<b>Approved by:</b>
---------------------