



OUT OF POCKET EXPENSE FORM

Ref. No. _____

Date Paid _____

ONTARIO COMMAND ROYAL CANADIAN LEGION

Date _____ Address _____

Name _____

Office Held _____

VOUCHERED BY _____ CHECKED BY _____

APPROVED FOR PAYMENT _____

PLEASE PRINT CLEARLY		DETAILS OF VISITS <u>MUST</u> INCLUDE DATES
PARTICULARS	AMOUNT	ATTACH HOTEL AND TELEPHONE, ETC. RECEIPTS
Automobile Kms _____ @ 0.45		
_____ @ 0.45		
_____ @ 0.45		
_____ @ 0.45		
Other Transportation Bus / Taxi / Rail		
Hotel Actual Charge No. of Days		
Meals		
Telephone		
Postage		
Miscellaneous		
TOTAL	\$ -	