

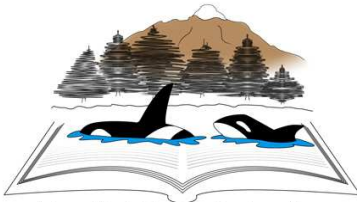
# EXPENSE CLAIM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Expense: \_\_\_\_\_

Payable to: \_\_\_\_\_



IslandLink Library Federation  
Alert Bay - Greater Victoria - Powell River - Salt Spring Island

Expense Details	Cost	HST	Total
<b>TOTALS</b>			

Please attach original receipts for all expenses.

Certified that this is a true statement of disbursements made as a result of IslandLink business and that I have not and will not be reimbursed for them by any other party.

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

Submit completed form to: Katherine Anderson  
4153 Hawkes Avenue  
Victoria BC V8Z 3Y9

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

Office approval \_\_\_\_\_ Cheque Number: \_\_\_\_\_