



Expense Claim



Date

Name

Chapter

Expense Discription	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total Expenses	
	<input type="text"/>

Signed By _____

Requirements:
Original Receipts must be attached - Ensure that your claim has approval before it is presented to the Chief Financial Officer/Treasurer for payment.

P.F.I.W. Board of Directors Use Only

Approved:	<input type="checkbox"/>
Not Approved:	<input type="checkbox"/>

Comments: