



The Alberta Kodokan Black Belt Association

## ATHLETE FUNDING – EXPENSE CLAIM FORM

ATHLETE'S NAME: \_\_\_\_\_

CHEQUE PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CODE: 5340

DATE:	DESCRIPTION	AMOUNT

TOTAL AMOUNT \$ \_\_\_\_\_

Receipts are required for all items listed above.

DATE OF CLAIM: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
CLAIMANT SIGNATURE

FOR OFFICE USE ONLY

DATE: _____	CHQ # _____	JOURNAL ENTRY _____
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