



# EXPENSE REPORT

NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 PROVINCE / STATE: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 CELL: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Date (y-m-d)	Expense Description	Transport / Mileage	Hotel	Meals	*HST/GST	Total
Column Totals						
*HST/GST must be broken out/listed in the section above off of your original receipt(s)						<b>Total Due</b>

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

Your signature verifies that no other funding has been received for the above expenses

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

**Original receipts (no photocopies)  
 must be attached to this expense form.**

**MAIL COMPLETED  
 FORM TO:**

**CAG National Office**  
 #224, 1540 Cornwall Road  
 Oakville, ON  
 Canada L6J 7W5

**Phone:** 905.829.2504  
**Toll Free:** 888.780.0007  
**Facsimile:** 905.829.0242  
**Email:** CAGOFFICE@cag-acg.org