Learning Disabilities Association of Kingston

EXPENSE Reporting Form

Name: .....
.....
Address: .....
.....
.....

Project or Event Name (if applicable)

.....

Date Expense Incurred	Full Details of Expense (Please indicate if cash or cheques)	Category (*)	Receipt "R" Attached	AMOUNT
			TOTAL	

Please attach any accompanying paperwork and mark "R" in the appropriate column where it applies.
Please select an appropriate category from the list below and enter it in the "Category" column.

This is to certifly that the amounts shown on this statement were undertaken by me on behalf of L.D.A. of Kingston:

Signature .....

Name (please print): .....

LDAK received by: .....

LDAK date received: .....

Categories (* please enter number in table above)

1	Item sales	2	Workshop or conference expenses
3	Event Expense	4	Postage
5	Advertising	6	Office Expenses
7	Copying	8	Other (please specify)
9	Meeting Expenses	10	Resource purchases
11	Travel	12	
13		14	

Distribution of Expenses (for office use only)

Account	$	
TOTAL		