



COMMUNITY LIVING  
BRITISH COLUMBIA

**COMMUNITY LIVING BRITISH COLUMBIA  
COMMUNITY COUNCIL-MISCELLANEOUS EXPENSE CLAIM FORM**

All receipts must be attached

DATE					Total Expenses
EVENT i.e. meeting; special event or monthly expense					
Telephone/Fax					
Internet					
Child Care					
Office Supplies					
Other (specify)					
<b>Total Expenses</b>					

Community Council Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Total Expenses: \_\_\_\_\_

Community Council Member's Address: \_\_\_\_\_

Community Council Member's Signature: \_\_\_\_\_

Receiver's Signature: \_\_\_\_\_ Receiver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_ Approver's Name: \_\_\_\_\_ Date: \_\_\_\_\_