

10th Coquitlam Event Fee and Expense Report

Event Name: _____

Approved by: _____

Staple Bills here on rever

Reimburse To: _____ Cheque # _____

Expenses

Date	Name of Supplier	Purpose	Cost	PST	GST

1. **Total Expenses:**

Fees Collected Price per person _____

Date	Name	CH or CA

2. **Total Fees Collected**

3 **Total Advances Received from Group**

4 **Net Amount to be reimbursed** = (1) - (3)

