

**151 Chadburn Squadron**

**REQUEST FOR REIMBURSEMENT**

1. Sign and date your receipt(s). Complete this form, providing a full explanation of the expenditure(s).
2. If you are submitting more than one receipt, please use the summary on page 2 as well, leaving the “Account No.” column blank.
3. Submit completed form to Admin. Officer for processing.
4. Reimbursement should be provided within two weeks of submission.
5. Kindly submit receipts within one month of expenditures in order to assist the Squadron’s accountants in meeting their military reporting deadlines and budgetary requirements.

Staff Member:

Explanation of Expenditure:

Total amount of expenditure(s): $

Print the name to appear on the cheque:

Your Signature: Date:

CO/DCO Approval: Date:

**For Accountant Use Only**

Account Name/No.:

**151 Chadburn Squadron**

**REQUEST FOR REIMBURSEMENT Page 2**

**Staff Member:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Explanation of Expenditure** | **Amount** | **Account No.** |
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|  | **TOTAL CLAIM**: |  |  |

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