



# Event Expense Report

**Event:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Club:** \_\_\_\_\_

Please complete the following information on behalf of your club following the completion of the event which has been deemed eligible for funding. Funds will be dispersed directly to the clubs who are then responsible to disperse to those who have incurred the expenses on behalf of athletes.

*Reimbursement is based on submission of receipts in order to qualify for funding.*

Athlete	Description	Cost	Receipt att'd
Jane Smith	Bridge toll	47.75	yes
Jane Smith	Cobequid Pass Toll	8	yes

Athlete	Description	Cost	Receipt att'd

**Total Submitted for reimbursement** 0

**Date:** \_\_\_\_\_ **Signature Club rep:** \_\_\_\_\_

<b>For WPEI use:</b>	WPEI Representatives:	Chq #	_____
Date rec'd:	Rep #1:	Date Paid	_____
Receipts Verified	Rep #2:	Amt Paid	_____