ONTARIO COMPETIVITE TRAIL RIDING ASSOCIATON

EXPENSE REPORT

PLEASE SUBMIT TO OCTRA TREASURER FOR BOARD APPROVAL

(see octra.on.ca for contact information)

Date of Submission:

Submitted by (Committee Name):
Submitted by (Representatives Name):

DATE OF EXPENSE	SUPPLIER NAME	DESCRIPTION OF PURCHASE	RECEIPT #	AMOUNT

OFFICE USE ONLY

Pre-authorized Expense: ☐Yes ☐No

Authorized by:
Date Reimbursed: Cheque #:

Items rejected for reimbursement (if any):

Reason for rejection: