



## OCTRA Expense Report

Submit to: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Name of Committee – Name of Representative)

Date of Purchase	Name of Supplier	Description of Purchase	Receipt Number	Amount

PLEASE DO NOT COMPLETE BELOW THIS LINE - For Office Use only

Pre-authorized Expense:    Y    \_\_\_\_\_    N    \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_                      Cheque Number: \_\_\_\_\_

Total reimbursement: \_\_\_\_\_

Items rejected for reimbursement: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_