

SWIMMING NORTH COAST INCORPORATED

Name:	Co	mmittee:		
	EXPENS	E SHEET		
DATE	DESCRIPTION		AMOUNT	APPROVED Y/N on purchases over \$100
•	he above expenditure was incurred include items of a personal nature.		course of my	duties and
Preferred	d method of payment Please circle:	Cheque	Dire	ct Deposit
BSB:	Accour	nt Number:		
Account	Name:			
Signed: _				
Signed: _	Date: Treasurer / President			
Please e	ensure that original receipts are supplied to	o the Treasurer withi	n 30 days from	purchase date.
Amount Paid	: Date Paid:	Method o	of Payment:	