

SOUTH SHORE DISTRICT / UNIT EXPENSE FORM - Please Print

Payable To: _____

Address: _____

Guiders Name (if different from payee) _____

Phone: _____ Email: _____

Guiders IMIS #: _____ Unit/Committee Name: _____

Unit/Committee Account/Code Number: _____

Copies of receipts must be attached (charge card slips are not adequate)

Date of Expense	Description	TOTAL (including HST)	HST	Office Use Only
TOTALS				

Signature: _____ Date: _____

<p align="center">District / Area Commissioner Use Only:</p> <p>Approved By: _____</p> <p>Date: _____</p>	<p align="center">GGC Office Use Only:</p> <p>Date Processed: _____</p> <p>Cheque #: _____</p>
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