CENTRAL REGION
EXPENSE FORM

Please submit form along with a completed Recipient Agreement and one copy of all supporting receipt. (Original receipts must be held by club) **ALL FUNDING IS TO BE REQUESTED BY CLUB CHAIR/TREASURER ONLY.** Requests for funding MUST be emailed to cr.abta.treasurer@gmail.com by the deadline set out by the treasurer.	
Club:	**Requested By:**
Email:	
Address: if cheque is to be mailed	

TYPE (to be used by CR Treasurer only)	DESCRIPTION (Breakdown of receipts by category e.g. reg forms, hotel, gas etc.)	TOTAL
	TOTAL	$ 0.00

This area to be completed by CR Treasurer Only:

Payable to: _____

Account Name: _____

Cheque# _____ ***E-transfer:*** ☐

Amount: $ _____

Dated: _____