



CENTRAL REGION EXPENSE FORM

**Please submit original form with original receipts and one copy of all items.
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 affiliation:	Requested By:
Athlete name:	
Parent Name:	
Email:	
Address: if cheque is to be mailed	

TYPE <small>(to be used by CR Treasurer only)</small>	DESCRIPTION <small>(Breakdown of receipts)</small>	TOTAL
	TOTAL	

This area to be completed by CR Treasurer Only:

Payable to: _____ Account Name: _____ Cheque # _____ Amount: \$ _____ Dated: _____
