

## Coho Area Event Fee and Expense Report

Event Name: \_\_\_\_\_

Approved by: \_\_\_\_\_

Reimburse To: \_\_\_\_\_

Staple Bills here on reverse side

Cheque # \_\_\_\_\_

**Expenses**

| Date                      | Name of Supplier | Purpose | Cost | PST | GST | Amount |
|---------------------------|------------------|---------|------|-----|-----|--------|
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
|                           |                  |         |      |     |     |        |
| <b>1. Total Expenses:</b> |                  |         |      |     |     |        |

**Fees Collected**

Price per person \_\_\_\_\_

| Date                          | Name | CH or CA | Amount |
|-------------------------------|------|----------|--------|
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
|                               |      |          |        |
| <b>2 Total Fees Collected</b> |      |          |        |

**3 Total Advances Received from Group** \_\_\_\_\_

**4 Net Amount to be reimbursed** = (1) - (3)