

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
1. Total Expenses:						

Fees Collected

Price per person _____

Date	Name	CH or CA	Amount
2 Total Fees Collected			

3 Total Advances Received from Group _____

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