



# LYNN VALLEY LITTLE LEAGUE EXPENSE CLAIM FORM

NAME:

DATE:

DATE	DETAILS OF EXPENSES		TOTAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			PST
13			GST
14			TOTAL

NOTES:



SIGNATURE OF CLAIMANT

**ATTACH RECEIPT COPIES**