



International Association of Administrative Professionals

Ottawa Chapter - Ontario Division
P.O. Box 705, Station B, Ottawa, ON K1P 5P8
www.iaapottawa.org

EXPENSE CLAIM
(PLEASE ATTACH ALL RECEIPTS)

Date: _____

Cheque Payable To: _____

Address _____

Date of Expense	Description & purpose of Expense	Amount

Total Expenses Submitted: \$ _____

Member Signature: _____

Team Leader's Approval (if applicable): _____

President's Approval: _____ **Date:** _____

Treasurer's Approval: _____ **Date:** _____

Cheque Number: _____ **Date of Cheque:** _____