

ARGONAUT ROWING CLUB
Expense Claim Form
(Receipts must be attached for claim to be processed)

Name: _____
Mailing Address: _____
Email Address: _____
Nature of Business: _____
Date of Activity: _____

Expense	Amount

GL Code

Total Claim \$0.00

Date Submitted: _____ Claimant's Signature _____ Director Approval: _____