



Saskatchewan Association of
Speech-Language Pathologists
and Audiologists
11 – 2010 – 7th Avenue
Regina, SK
S4R 1C2

EXPENSE REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

CITY/TOWN/POSTAL CODE: _____

COUNCIL POSITION/COMMITTEE: _____

Date of Expenditure	Description of Expenditure	Amount
TOTAL		

Signature: _____ Date: _____

ALL RECEIPTS MUST BE SUMMITTED ALONG WITH THIS COMPLETED FORM TO THE TREASURER. **NOTE: Receipts must show the GST where applicable. Copies, debit or credit card receipts are not sufficient.**

SASLPA Treasurer
c/o SASLPA Office
11 - 2010 - 7th Avenue
Regina, SK S4R 1C2

For Treasurer's use: Authorized by: _____ Paid by cheque #: _____ Date paid: _____
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