



EXPENSE CLAIM FORM

Date:			
Cheque Payable To:			
Mail Cheque To (Address):			
Date of Expense	Type of Expense: e.g. Out-of-pocket expenses, use of personal equipment, manual labour (specify hours and rate)	Amount (\$CAD)	
	Total Claimed Amount		

I certify that the expenses listed above are accurate, were incurred for authorized activities of Heritage Cemeteries Project Inc., and are true and correct to the best of my knowledge and belief.

Signature:	Date:
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Claim Deadline: All expenses for any calendar year must be claimed no later than March 31 of the following calendar year.