# STATEMENT OF EXPENSE FORM

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| --- | --- | --- |
| Date | Play | Purchases Made by:  Email Address: |

1. Please attach receipts to this form and return to Office, Attn: President OLT
2. Ensure **only** OLT purchases are on each receipt
3. Payments generally paid by e-transfer – include email address

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| --- | --- | --- |
| **Item** | **HST as shown on Bill** | **Total Amount of Bill** |
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| Total |  |  |

**TO BE COMPLETED BY AD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Advance Rec’d by AD**  **(if applicable)**  **$** | **Amt paid from AD to claimant**  **$** | **Amt to be paid to AD**  **$** | **Amt to be returned to OLT**  **$** |

January 2024