



Terrace Ringette Association
Expense Form

DATE: _____
NAME: _____
PHONE: _____
EMAIL: _____
PAYMENT PREFERENCE: ___ CHEQUE ___ E-TRANSFER

EVENT:

	EXPENSE	AMOUNT
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

TRA PAYMENT#: _____

DATE PAID: _____