



EXPENSE CLAIM FORM

Unit #120-6411 Buswell St Richmond BC Canada BC V6Y 2G5

☎ 604-285-9665, ✉ inquiry@maplehill.edu.com, 🏠 www.maplehill.edu.com

FULL LEGAL NAME (to appear on the **CHEQUE**):

PLEASE STAPLE ALL YOUR RECEIPTS IN THE BACK

#	DATE	DESCRIPTION	Total (CAD)	Note
1		ex. Oval Monthly Continuous Membership for 2024/07		
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TOTAL				

Office Use Only

MHS CK#	Signature - Processed by	Signature - CFO
	Date	Date