



Association of Postal Officials of Canada

APOCPACIFICCOAST.COM

Request for Expenses Reimbursements

Claimant			
Address			
Reason for Expense			
Date	Particulars	Expenses	Account Office Use Only
TOTAL			

I hereby certify that the amount claimed is correct and was incurred on behalf of the Association:		
Claimants Signature:	Date:	
Audited for Payment:		
Branch President's Signature:	Date:	
Cheque # Issued:	Date of Cheque	Claim #
Posted By:	Date Posted:	