CANA/ACNA
RECEIPT / EXPENSE JOURNAL

Committee_____ **Date:_____**

Date	Budget Line	Description of event or expense	Receipts attached	Amount
			Sub Total	**$**
			Less float	**$ -**
			Total	**$**

Submitted by: _____

Position:_____

Approved by:

Name on cheque:_____

To be completed by Treasurer

Date request received_____

Item within budget _____ or
by consensus _____
Paid by cheque # _____
Date Cheque issued _ _____
Cheque mailed to _____ on _____
Entered on Ledger line #_____

This document may be used as a supplement to the CANA/ACNA reimbursement request form