

WFSAD EXPENSE CLAIM



Project/Event: _____

Date	Description of Expense Incurred	Receipt No.	Amount	Currency	- Office Use Only -	
					Rate	Cdn \$
- Attach Additional Sheets as Required -					TOTAL	

Explanation for Instances Where No Receipt Is Attached: _____

Advance Payment (If Any) from WFSAD:		(Amount)		(Currency)
Funds Remaining (If Any):		(Amount)		(Currency)
Reimbursement (If Any) Now Being Claimed:		(Amount)		(Currency)
Preferred Method for Reimbursement				

Other Comments: _____

I confirm that the expenses outlined above were incurred on WFSAD business and that the information contained in this claim is correct.

Name (Please Print)

Signature

Date

Mail this form and the accompanying receipts and other supporting documentation (e.g., air line ticket) to WORLD SCHIZOPHRENIA AND ALLIED DISORDERS, 124 Merton Street, Suite 507, Toronto, Ontario M4S 2Z2, CANADA. To contact WFSAD with questions about this form, write info@world-schizophrenia.org, fax +1 416.961.1848 or call +1 416.961.2855.