PROSTATE CANCER CANADA NETWORK OTTAWA
EXPENSE STATEMENT

Name: _____ Date: _____

Address: _____

_____

_____

Purpose for Incurring the Expenses:

_____

_____

_____

Date	Item Description (please attach receipts where possible)		Amount
		Total:	

The itemized expenses above were incurred solely in the performance of my duties and position with Prostate Cancer Canada Network Ottawa. None of them were incurred for my own personal benefit, nor for the benefit of any person who was, at the time of incurring the expense, in a non-arms length relationship with me.

Signed: _____

Approved: _____