

## **Nova Scotia Fire Fighters Burn Treatment Society**

P.O. Box 481 Dartmouth Main, Dartmouth, Nova Scotia, B2Y 3Y8
Ph: 902.471.4328 Email: info@nsffbts.ca

## **ONLINE EXPENSE CLAIM FORM**

Turne .	Lvent			Date	
Date	Date Details of Expense(s) / Receipt(s)				Total
Date	Details of Expense(s) / Neceipt(s)				
				Subtotal:	
			Les	ss Advance:	
				Net Due:	
				<u> </u>	

By submitting this claim via email I hereby certify that my email account represents my signature, the above expenses are mine only, they are correct and just in all respects, and that the expenditures were incurred on Nova Scotia Fire Fighters Burn Treatment Society business. Receipt(s) must be attached to this form after printing or sent separately if submitting by email.

PENDING APPROVAL BY AN NSFFBTS EXECUTIVE OFFICER (OFFICE USE ONLY)					
Date of Cheque Issue:	Cheque Number:	Approved by:			