



IslandLink Library Federation General Expense Claim Form

Name:

Address:

Purpose:

Payable to:

Expense Details	GST Yes/No	Total
TOTAL		

Please attach original receipts for all expenses.

Certified that this is a true statement of disbursements made as a result of IslandLink business and that I have not and will not be reimbursed for them by any other party.

Signature: _____ Date: _____

Submit completed form to:

IslandLink Library Federation
Attn. Laura Beswick
3185 West Road
Nanaimo BC V9R 6X1