Streetsville Horticultural Society
Expense Report

Date	Supplier	Item	Budget Line Item	Total Amount

TOTAL: $ _____

Submitted by: _____

Date: _____

All receipts **MUST** be attached to the Report for the expense to be paid.
Include the following:

A. Date purchased
B. Item(s) purchased
C. Budget Line Item (If known, otherwise leave blank & talk to Treasurer)
D. Total amount of purchase

Signature for funds received: _____

Cheque #_____

Revised 2026-04-14