



Saskatchewan Cardiology Technologists Association

SCTA Statement of Expenses Original receipts required

Name: _____ Date Submitted: _____

Position: _____

Meeting: _____ Date: _____

Office Supplies		\$
Printing		\$
Postage		\$
Meeting Expenses		\$
Food		\$
Gifts		\$
Speakers		\$
Other (please specify)		\$
TOTAL		\$

Certification

This is to certify that the amounts and receipts shown on this sheet were incurred by me on behalf of the Saskatchewan Cardiology Technologists Association

SIGNATURE: _____

CHEQUE #: (plust amount) _____

DATE: _____ **TREASURER:** _____