Expense Record

NOTES: Expenses <u>must</u> first be approved by the Producer of the show – if applicable, whose signature <u>must</u> be on this form - before being submitted for reimbursement. Please attach receipts showing items bought and any HST – not credit card receipts that only show only a total. <u>Credit card receipts showing only a total are NOT accepted under any circumstances as they are not accepted by auditors – they must be full <u>itemized receipts</u>. And please do not mix personal items with SSP items on the same receipt – have them rung in separately. <u>SUBMIT THIS FORM & YOUR RECEIPTS MONTHLY – BEFORE THE 15TH OF THE FOLLOWING MONTH.</u> Please contact the SSP Treasurer at 902-530-2797 if you have any questions.</u>

| NAME: | | | ADDRESS: | | | |
|--------------------|--------|-------------------------|------------|---------------------|-------|--|
| PHONE NUMBER: | | SPECIAL INSTRUCTIONS: _ | | | | |
| DATE (DD-MM-YY) | AMOUNT | WHERE PURCHASED | PRODUCTION | DEPT EXPENSED TO | NOTES | |
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APPROVED BY: