

EXPENSE CLAIM

Date: Feb. 22, 2024 Chkg/Sav. Savings
 Name: Kwok Sui Class: Black History Month Trip

Payment Details	Event	Vendor	Purpose	Paid thro	Amount
Gratuity	BHMC	Kwok Sui	Gratuity	Zelle	250.00
250.00					

TWO HUNDRED FIFTY ONLY

President _____ Treasurer Apprc KC
 Appr KC Submitted by _____

Original Receipts must be attached - Ensure that your claim has Committee Chair approval before it is presented for Treasurer approval. For reimbursement (a) upto \$100, obtain President's approval; and (b) above \$100, obtain the Board approval.