

*Town of Saltcoats*

P.O. Box 120  
Saltcoats, Saskatchewan  
S0A 3R0

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## CLAIM FOR REIMBURSEMENT

Submitted by: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

Purpose/Event: \_\_\_\_\_  
Please Print

	Date	Receipt #	Vender/Place of Purchase	Amount	For Office Use Only Distribution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total Receipts	\$0.00
Less Advance Received	0
Total Request for Reimbursement	\$0.00

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_