



Expense Report

CLAIMANT NAME: _____ ERA MEMBER # _____

EMAIL ADDRESS FOR E-TRANSFER: _____

SUMMARY OF EXPENSES:

| DATE | VENDOR | DETAILED DESCRIPTION OF EXPENSE | AMOUNT |
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| TOTAL OF EXPENSES | | | |

I hereby certify that the whole expenditure was incurred on behalf of the claimant and that the amounts claimed have not been previously paid on my behalf.

Signed: _____ Date: _____

Mailing Address if payment by cheque is preferred: _____

FOR ERA OFFICE USE ONLY:

Authorized By: _____ Authorized By: _____