## **SUPPORT FOR NON-RECEIPTED EXPENSES**

|              | Unit                        |  |
|--------------|-----------------------------|--|
|              |                             |  |
| Date:        | Amount                      |  |
|              | Cheque #                    |  |
| Description: |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
|              |                             |  |
| Signed       |                             |  |
|              | Unit Guider or Commissioner |  |
| Recipient    | Treasurer                   |  |