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judo alberta
The Alberta Kodokan Black Belt Association

ATHLETE FUNDING - EXPENSE CLAIM FORM Code 5340

Athlete's Name: _____

Cheque Payable to: _____

Mailing Address: _____

_____

Receipts must be attached to expense form.

DATE of EVENT	DESCRIPTION	AMOUNT
	Total	

Claimant signature _____ Date: _____

Approved by: _____ Date: _____

For Office Use Only

DATE	CHQ #	JOURNAL ENTRY