



O-YA Board Expense Claim

Name: _____

Date Claim Submitted: _____

Expense: _____

Vendor: _____

Date of Purchase: _____

Reason for Expense: _____

Please note, expense claims will only be paid if original receipt(s) are attached.

O-YA Admin Use Only

Amount Paid: _____

Date Paid: _____

Method of Payment: _____

Receipt(s) Submitted: _____