



District 2
Ontario Horticultural Association
Mississippi Basin - Ottawa Basin - Rideau Basin
Miscellaneous Expense Form
(Please Print)

Society Name: _____

Submitted By: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Type of Expense: _____

Date: _____

Signature: _____

Address check to be mailed to: as above__ or other: _____

Please attach all receipts - unfortunately without receipts District 2 cannot issue reimbursements

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For Office Use Only

Approved: _____

Cheque No.: _____

Amount: _____

Date _____