



New Brunswick Equestrian Association
 Association Équestre du Nouveau-Brunswick

Statement No. _____

Expense Statement

Pay Period

From _____

To _____

Name _____ Address _____
 Event _____
 Date _____ Phone _____

Date	Account	Description	Lodging	# KM	Meals	Phone	Other	TOTAL

Approved _____ Notes _____

Sub Total
 Advances
TOTAL

Office Use Only

Signature: _____