

OPINION MEDIA - EXPENSE CLAIM REIMBURSEMENT FORM

NAME A. Pepe COMPANY Opinion Media

RECEIPT #	RECEIPT DATE	AMOUNT	DESCRIPTION AND REASON FOR CLAIM
1	1/7	9.40	Parking - client mtg MDO
2	11/6	9.40	Parking - client mtg Tashing Avst
3	11/3	4.55	Parking - client mtg Jam Factory
4	11/3	12.00	client mtg - coffee - Dept of Planning
5	4/3	7.06	Parking - contribute mtg - Bill Cordeiro
6	3/3	10.70	client mtg - Julie Mardice
7	27/2	12.40	client mtg - City Rural Ins.
8		160.00	Phone - March/April/May/June @ \$40 p.mth.
9	3/6	9.60	client mtg - David Sun
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TOTAL CLAIMED		\$235.11	

ENTERED

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE 2/7/20

PUBLISHING DIRECTOR SIGNATURE \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER SIGNATURE \_\_\_\_\_  
 MANAGING DIRECTOR SIGNATURE \_\_\_\_\_

