# STATEMENT OF EXPENSE FORM

**Designers**

|  |  |  |
| --- | --- | --- |
| Date | Play | Purchases Made by: |

1. Please discuss any expenses required with the AD before proceeding with purchases
2. Attach receipts to this form and provide to the AD
3. Ensure **only OLT purchases are on each receipt**

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| --- | --- | --- |
| **Item** | **HST as shown on Bill** | **Total Amount of Bill** |
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| Total |  |  |

**TO BE COMPLETED BY AD**

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| --- |
| **AMT PAID from AD to claimant from Advance**  $ |

January 2025