EXPENSE REPORT



Epiphany Legacy Investment Mutual Fund Trust

50 - 550 WT Hill Boulevard South, Lethbridge, Alberta T1J 4Z8

Name:	Pι	ırpose:	
Position:	Be	eginning:	
Email:	Er	nding:	
Phone:	Pr	epared By:	_
	$A_{ m I}$	proved by:	

Item	Date	Description	Hotel	Transport	Meals	Total
Total						

Itemize your invoice/receipts into the appropriate categories.

Please ensure that all receipts are legible, attendees are listed and the amount and date of the transaction is clear.

Submit the completed form and attach the supporting documentation to the Vice President of Corporate Development at art@tegroup.ca.