



Square Report

S

Name of Society

Month _____ Period _____

Signature of Society President

Signature of ECA President

Signature of Society VP Finance

Signature of ECA VP Finance

Received By _____
Date Recieved _____
Processed By _____
Date Processed _____
Check/Tx # _____

Invoice Date	Invoice #	Description	Amount	Amount CAD	Budget Line		
						✓	✓
Total				\$			

For Office Use Only