

**BASEBALL ALBERTA  
MENTORSHIP EXPENSE CLAIM**

**Personal Information** (who and where the cheque will be sent to):

Claimant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Information on Umpires Mentored**

Date: \_\_\_\_\_  
Names: \_\_\_\_\_  
Location: \_\_\_\_\_  
Assignor: \_\_\_\_\_

Date: \_\_\_\_\_  
Names: \_\_\_\_\_  
Location: \_\_\_\_\_  
Assignor: \_\_\_\_\_

**Expense Claims**

Type	Notes				Amount	Code
Honorarium	Per Mentorship guidelines \$50/game				\$	
Travel	Total km		x	\$0.40	\$ -	8-5830
<b>Total</b>					\$ -	

I certify that the above expenses were incurred by myself and are true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizations**

Approved by Provincial Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**FAX COMPLETED EXPENSE CLAIMS TO BASEBALL ALBERTA (780) 427-9032  
Or scan and e-mail to registrar@baseballalberta.com**